

OVERVIEW

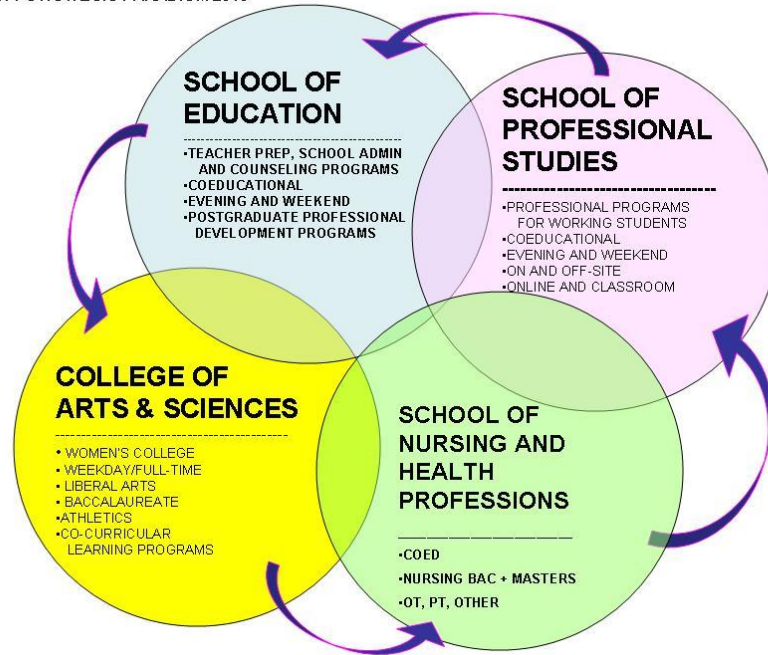
Trinity Washington University

Founded in 1897 by the Sisters of Notre Dame de Namur as one of the nation's first Catholic undergraduate colleges for women, Trinity's rigorous instruction and progressive culture have produced many graduates who have gone on to become leaders in their fields, including prominent scientists, doctors, and public servants. More than one hundred years later, Trinity continues its Founders' mission to offer students a quality academic program based on liberal learning, a value-centered education, a focus on the intellectual development of individuals, and a commitment to the education of women. Trinity in 2012 serves a broadly diverse student population with a rich mix of undergraduate and graduate programs, both single-gender and coeducational, and extending many services to the larger District of Columbia and Washington regional community. Maintaining the original commitment to a strong foundation in the liberal arts, Trinity now additionally prepares students for the professions, including a dynamic focus on health-care opportunities, while offering flexibility of class scheduling to a diverse student body.

In 2004, Trinity College became a university and is now a comprehensive institution enrolling over 2,500 students in associate, baccalaureate, and master's degree programs. The student body is 80% African American and Hispanic, with a broad diversity of students of many racial, ethnic, and economic backgrounds. Some 66% of the students receive Pell Grants, and virtually all receive financial assistance. Trinity's enrollment has grown because of its increasingly strong reputation as an excellent academic provider to students in the District of Columbia. Trinity educates more DC residents than any other private university in the nation, serving primarily the DC populations in Wards, 4, 5, 7, and 8, the most impoverished sections of the city. These students are able to attend Trinity through DC Tuition Assistance Grants, DC College Access Grants, DC Achievers Scholarships, outside grant programs, Pell Grants, and Trinity's own institutional aid.

Understanding Trinity today must start with the strategic paradigm that shapes the operation of the University:

TRINITY STRATEGIC PARADIGM 2010



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Trinity's four academic schools began with the historic women's college, now known as the College of Arts and Sciences (CAS) and still an all-women's school bearing the official name of Trinity College. In Fall 2011, CAS reached an enrollment of 997 students, a remarkable turnaround for a college that had just about 300 students in 1989.

The three professional schools, listed as follows, are all coeducational:

The School of Education (EDU) began as the M.A.T. program in 1968. Today, this unit offers a range of master's degrees for teachers, counselors, and administrators and also conducts a robust continuing education program for teachers needing recertification.

The School of Professional Studies (SPS) started as the Weekend College in 1985. Today, SPS offers associate's, bachelor's and master's degrees in a broad range of professional disciplines. The students in this unit attend at night and on weekends. SPS is also the unit through which Trinity offers an associate degree program at THEARC in southeast Washington.

The School of Nursing and Health Professions (NHP) is Trinity's newest unit, started in August 2010. Nursing began at Trinity in 2006 and has grown quickly to become one of the largest undergraduate majors. Undergraduate students seeking to enter the health professions first enter CAS or SPS for their general education and prerequisites, and then gain admission to the NHP for their last two years. Students who already hold a baccalaureate degree are admitted to NHP and subsequently apply for admission to the Nursing Program.

Trinity is accredited by the Middle States Association of Colleges and Schools and is a member of the Consortium of Universities of the District of Columbia, which comprises the following universities: American, Catholic, Gallaudet, George Washington, George Mason, Georgetown, Howard, Marymount, National Defense, the University of the District of Columbia, the University of Maryland, the Corcoran College of Arts and Design, and the National Defense Intelligence College. Trinity is among the 10% of colleges and universities nationwide to be granted a chapter of Phi Beta Kappa, the country's oldest academic honor society. The chapter was established in 1971.

Building on its strong foundations, Trinity's strategic plan extends well into the 21st Century. The plan includes increasing enrollments in degree programs while maintaining a strong commitment to small class sizes and student-centered learning. Additionally, in order to meet the education needs of the community, Trinity continues to develop new academic and co-curricular programs.

The Nursing Program

In the Fall of 2006, Trinity's School of Professional Studies established an RN to BSN Nursing Program as part of the University's ongoing commitment to the Washington DC metropolitan area. At that time, there was a shortage of nurses prepared to meet the needs of underserved populations. In 2007, Trinity submitted an application to the DC Board of Nursing to apply for a pre-licensure BSN program and subsequently filed a Self-Study with the Commission on Collegiate Nursing Education (CCNE).

In fact, since CCNE's 2007 site visit, Trinity Washington University's Nursing Program within the School of Nursing and Health Professions has made notable progress. In 2007, the Trinity Nursing Program only had an RN-BSN program. Now, in addition to the growing RN-BSN program, Trinity offers a well-established pre-licensure BSN program that graduated its first

class in December 2010 and has since consistently graduated strong candidates whose employment in the District and beyond attests to the mission-critical and significant work done in the Nursing Program. Consistent with the University's enrollment growth over the last 10 years in which the College of Arts and Sciences (CAS) demonstrated greater than 100% growth, the Nursing Program increased its enrollment from 11 RN-BSN students in the Fall of 2007 to 213 BSN students in the Spring of 2012. The Nursing Program now admits 64 students into the nursing junior class during each of the Fall and Spring semesters.

Multiple factors, all significant to Trinity's mission and strategic goals, have contributed to the Program's growth: (a) the continued availability of well-paid jobs in nursing; (b) the popularity of the Program's offerings during the day as well as evenings and weekends; (c) the ability to attend nursing school part-time or full-time; (d) the proximity of the campus for students living and/or working in the District of Columbia; (e) the small class size; (f) commitment to the education of women and the promotion of women's leadership; (g) academic support services and attention to individualized learning needs; and (h) Trinity's reputation for sustaining equitable access to education while providing excellence in academics. Sustaining such excellence and responding to such growth led to adding more full-time faculty lines in Fall 2010, concurrent with a new Nursing Director's hire and the appointment of the founding Dean for the School of Nursing and Health Professions. Subsequently, the program's clinical sites have increased from six to 13 hospitals, and Trinity continues to acquire new affiliation agreements with prestigious health care facilities in the Washington, DC metropolitan area.

All signs point to continued enrollment growth in the nursing program and in other NHP offerings. For example, 278 students enrolled in prerequisite courses for Spring 2012 declared nursing as their area of academic interest. This growth is strategic and responsive to institutional goals and mission as Trinity recognizes society's need for more qualified nurses and remains committed to providing an education to students who come from a variety of diverse backgrounds. Responding to these students and their opportunities as well as their challenges, the nursing faculty, over the last three years, have evaluated and implemented innovative ways to improve and evaluate the curriculum, including methods and quality of instruction. The report that follows attests to the student learning outcomes that have been identified, the processes in place to assess program effectiveness, the progress made, and the challenges that lie ahead as Trinity continues to offer an exemplary nursing education to a very diverse body of students previously underserved by educational and other systems. Now, with

the support of Trinity behind them, these students stand ready to embark on a critical, life-changing journey as nursing professionals.

I-A. The mission, goals, and expected student outcomes are congruent with those of the parent institution and consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.

Elaboration: The program's mission statement, goals, and expected student outcomes are written and accessible to current and prospective students. A mission statement may relate to all nursing programs offered by the nursing unit, or specific programs may have separate mission statements. Program goals are clearly differentiated by level when multiple degree programs exist. Expected student outcomes are clear and may be expressed as competencies, objectives, benchmarks, or other language congruent with institutional and program norms.

The program identifies the professional nursing standards and guidelines it uses, including those required by CCNE and any additional program-selected guidelines. A program preparing students for specialty certification incorporates professional standards and guidelines appropriate to the specialty area. A program may select additional standards and guidelines (e.g., state regulatory requirements), as appropriate. Compliance with required and program-selected professional nursing standards and guidelines is clearly evident in the program.

Program Response:

Founded over a century ago, Trinity College was the nation's first Catholic liberal arts college for women, and its mission has been clear from its inception. The Sisters of Notre Dame de Namur were committed to the education of women and provided students with a strong liberal arts foundation in a rigorous curriculum, promoting strong leadership skills and advancing the principles of equity, social justice, and honor. Now as the global community has changed, the significance of educating a new generation of leaders and citizens equipped with the intellectual perspective of liberal learning is just as important as in the past. Trinity's focus includes teaching students to write and speak clearly, think critically, make ethical judgments, know the context of history and literature, and understand the fundamental economic and political forces affecting the world. These are the qualities essential to effective living and leadership in an ever-changing global environment. Trinity's commitment to the promotion of equity and social justice now includes educating men and integrating liberal learning with preparation in the professions. The University now offers a broad range of educational programs at flexible times. Additionally, while founded in the Catholic tradition, Trinity welcomes persons of all faiths and ethnic groups. Beyond spiritual growth realized through theological studies and liturgies, the Trinity community also lives its faith through active service to people in need in the Washington area and around the country.

The Nursing Program's mission, philosophy, program goals, and expected student outcomes are congruent with the University's mission, goals, and expected outcomes, identified here in Appendix A and available for current and prospective students on Trinity's website. The self-study process afforded opportunities to review and affirm university and program publications and websites for consistency, with modifications and clarifications made as needed to ensure currency and completeness, which continue to reflect the institution's mission and goals. Truly, the work and beliefs of the Sisters of Notre Dame live on as Trinity educates women and men to become nurses who practice from a holistic, caring philosophy. The Nursing Program continues to celebrate social justice, as in the original Catholic tradition, while culturally diverse nursing students, often from disadvantaged backgrounds, pursue their education in Trinity's flexible scheduling system, highly accessible both to the residential student as well as to the working adult learner.

The Nursing Program's founding came at a time when the local community vocally sought graduates to help alleviate nurse workforce shortages, while the District of Columbia searched for ways to help relieve poverty and improve the health care of its local populace. Responding to these needs, Trinity's program also bears the proud mission of enriching the lives of its students with the values and goals of higher learning and of providing nursing students with a solid foundation in the liberal arts. This educational foundation, basic to all Trinity students, has especially enhanced the students' critical thinking skills in nursing situations. Further, the nursing faculty's belief that Trinity students should be well-grounded in speaking and writing skills has facilitated their ability to work with their students as they develop management and leadership skills.

Various documents attached here and located in the institutional Exhibit Room attest to the Nursing Program's mission, program goals, and expected student outcomes and their congruence with those of the University, the community of interest, and professional nursing standards (see Appendix B). The expected learning outcomes are derived from the (a) Nursing Program's mission; (b) philosophy of caring; (c) Nursing Program goals; (d) needs and expectations of the community of interest; (e) American Association of Colleges of Nursing's (AACN) document *The Essentials of Baccalaureate Education for Professional Nursing Practice* (2008); (f) ANA Code of Ethics; and (g) *District of Columbia Municipal Regulations for Nursing Schools* (2007). Appendix C shows exemplars of the congruence between baccalaureate

expected learning outcomes, pre-licensure BSN courses, course objectives, and concepts from the AACN *Essentials of Baccalaureate Education* (2008).

I-B. The mission, goals, and expected student outcomes are reviewed periodically and revised, as appropriate, to reflect:

- **professional nursing standards and guidelines; and**
- **the needs and expectations of the community of interest.**

Elaboration: There is a defined process for periodic review and revision of program mission, goals, and expected student outcomes. The review process has been implemented and resultant action reflects professional nursing standards and guidelines. The community of interest is defined by the nursing unit. The needs and expectations of the community of interest are reflected in the mission, goals, and expected student outcomes. Input from the community of interest is used to foster program improvement. The program afforded the community of interest the opportunity to submit third-party comments to CCNE, in accordance with accreditation procedures.

Program Response:

The Nursing Program submitted its first accreditation self-study report in 2007. The mission, goals, and expected student outcomes were revised in 2010 in response to changes in the nursing profession, the healthcare delivery system, and the revision of the American Association of Colleges of Nursing's (AACN) document *The Essentials of Baccalaureate Education for Professional Nursing Practice* (2008). The Nursing Program will continue to review its mission, goals, and expected student outcomes bi-annually in order to reflect professional standards and guidelines, as well as to meet the expectations of the Program's external and internal communities of interest. Faculty, students, faculty and student organizations, university administration, and the Board of Trustees comprise Trinity's internal community of interest (COI). The external community of interest includes nursing graduates, employers, professional nursing organizations, preceptors, administrators and staffs from local colleges and health care facilities, credentialing and regulatory bodies, consumers of health care, community leaders, and the Trinity Nursing Program Advisory Council. A variety of informal and formal channels afford these groups input.

Initial COI input occurred not only with urging Trinity to launch a nursing program but also with the more formal structure of the Nursing Program Advisory Council appointed prior to the arrival of the current Dean and Director. In Fall 2011, the Director re-established a functional COI advisory council comprised of community nursing leaders (see Appendix D for a list of advisory council members). Maintaining current and establishing new relationships, the Dean and Director also attend various monthly meetings of the DC Organization of Nurse Executives and

the DC Board of Nursing as well as local hospital affiliation meetings. Responding to another COI, the Director, Dean, and Provost have invited the DC Board of Nursing's executive officers to discuss Trinity's Nursing Program curriculum needs. During all of these meetings, much contact is made with health care agency nurse executives and other local nursing deans and directors. Input from these sources is being constantly solicited and thus reflects COI needs. The Director subsequently reports any changes that these nurse leaders are recommending in nursing school curricula, ensuring that the faculty, dean, and executive administration are aware of such recommendations. An example of a change that has occurred based on feedback from the COI is that the Nursing Program now offers a new course on Nursing of Older Adults and the program has extended clinical experiences for seniors to long-term care and rehabilitation hospitals, also illustrating the Program's currency and its dedication to responding to local, regional, and national health care needs.

Additionally, the Dean, Director, and faculty are continuously soliciting feedback from students regarding how the Nursing Program can better meet their needs. The Director sends an email survey to all nursing students twice per year, prior to scheduling classes, a process that facilitates responding to working students' scheduling needs. Attendant to such responses, the Director continues to schedule clinical and didactic courses on evenings and weekends, including on Sundays (a new addition in Fall 2011). Per accreditation requirements and through announcements soliciting comments, the COI has been afforded the opportunity to submit third-party comments to CCNE. Additionally, emails and letters soliciting third-party comments were sent to all Trinity alumnae/i, current nursing students, faculty and staff, Nursing Program Advisory Council members, and selected employers.

I-C. Expected faculty outcomes in teaching, scholarship, service, and practice are congruent with the mission, goals, and expected student outcomes.

Elaboration: Expected faculty outcomes are clearly identified by the nursing unit, are written, and are communicated to the faculty. Expected faculty outcomes are congruent with those of the parent institution.

Program Response:

Annual faculty contracts along with the Trinity Faculty Handbook clearly identify expected faculty outcomes relative to teaching, scholarship, service, and practice. Faculty also understand these expectations as disseminated in new faculty orientation sessions, ongoing faculty development sessions with the University Provost, regular communications from Trinity's President, in the School of Nursing and Health Professions meetings, and in Nursing Program faculty meetings.

The expectations of the nursing faculty are consistent with other institutional faculty members holding the Category B faculty status. (Category B faculty holds primary responsibility as non-tenure track teaching faculty.) The Nursing Program faculty is held to the same Handbook and contractual provisions as those governing other Category B faculty at Trinity. Category B faculty have appointments that exist for a finite period of time to meet particular professional needs in the academic programs. This category provides for flexibility during periods of change, programmatic experimentation, and personnel movement in academic programs. The nursing faculty receives annual contracts, and there is no limit on the number of years that a faculty member may hold a Category B appointment. The primary responsibility of nursing faculty is instructional and involves teaching in classroom, laboratory, and clinical settings. The Dean, in consultation with the Director and Provost and with the awareness of the President, may allocate each faculty member one day a week for practice, service, and scholarship and research, which are encouraged and supported, but not required. Appendix E provides a listing of nursing faculty and their teaching responsibilities, experience, scholarship, practice, continuing education, and service.

Dedicated to achieving established outcomes, Trinity's full- and part-time faculty regularly participates in self-assessment, and they also invite colleagues to observe their teaching as part of strengthening their instructional skills and advancing genuine and sustained excellence in instruction. Administrators also observe classes, fostering a collegial atmosphere of promoting dynamic teaching that keeps students at the center. As part of this assessment process, each faculty member develops a brief self-assessment, which is shared with colleagues who engage in promoting excellent teaching, including representatives from their collegiate dean's office. Further, faculty share specific information to illuminate the class being observed. Finally, colleagues who observe the class provide feedback using a standard rubric that collegiate units may develop as they establish goals and objectives particular to their academic discipline and the unit itself (see Self-Assessment and Evaluation/Observation Form in Appendix F). The information that flows from this process informs ongoing dialogue and fosters a culture of access, assessment, and achievement at Trinity.

I-D. Faculty and students participate in program governance.

Elaboration: Roles of the faculty and students in the governance of the program, including those involved in distance education, are clearly defined and promote participation.

Program Response:

At Trinity, students, faculty, and administrators work together to accomplish the University's mission and goals, although individual responsibilities and roles are clearly delineated: The Board of Trustees is the legal governing body of the University with final authority over all matters of academic policy, programs, and personnel. The President of Trinity is the chair of the Faculty and the educational and administrative head of the College, with final authority in all administrative matters. The President is a voting member of the full-time faculty and is a member of all academic and advisory committees. The Provost supervises the conduct of all matters related to academic policies and procedures, curriculum development and assessment, faculty governance and faculty personnel matters, and the academic administration of the college. The Academic Deans are the chief administrative officers of each school. Program Directors oversee certain very large and complex academic programs. Full-time faculty members hold appointments in Category A or B. The individual faculty member creates and manages his/her own courses and course requirements, syllabi, pedagogy and student assessment methods within the commonly agreed upon standards and practices of the program and discipline and consistent with the academic policies of Trinity College. The Exhibit Room includes a description of the duties of the Dean and Director (see Appendix G for a copy of the University's organizational chart demonstrating the reporting and organization relationships of the administrative offices). These offices support the University's four academic schools, one of which is the School of Nursing and Health Professions (NHP), which in turn has three current programs, including the Nursing Program.

University and School Committees

The University committees listed below facilitate the system of academic governance. Table I.D.1 shows the nursing faculty who currently serve as members of University committees.

University Committee on Curriculum and Academic Policy (U-CAP Committee).

The CAP committee oversees curricula and program requirements, assessment activities, academic policies, proposals for new degrees, program reviews, and student progress toward degrees. The process operates through "local" committees in each school as well as a university-wide committee. The U-CAP includes faculty members from each school, the academic vice president, the deans, and the director of the library.

School of Nursing and Health Professions CAP Committee (NHP-CAP). The NHP-CAP Committee oversees curricula and program requirements, assessment activities, and academic policies related to the School of Nursing and Health Professions. This committee also handles academic appeals from students in NHP, including nursing students. Membership of

this committee would include faculty and directors from the Nursing Program, Exercise Science Program, and Occupational Therapy Assistant Program, and also the Dean of NHP.

Education and Technology Committee. This is a University-wide committee dedicated to instructional and academic technology issues. Membership includes faculty from each school, the Library Director, the Director of Academic Computing, the Academic Vice President, and other invited personnel.

Committee on Professional Development and Scholarship. This university committee reflects Trinity’s commitment to supporting and strengthening the intellectual talent and scholarly renown of Trinity’s faculty. The purposes of this committee include implementing professional faculty development, recommending grant opportunities, and faculty mentoring.

Committee on Faculty Welfare. This University committee works to promote an effective working environment for all faculty at Trinity. The committee responds to faculty concerns related to teaching, research, and service, by making recommendations about policies and procedures that enhance the professional life of the faculty and the fulfillment of their roles and responsibilities. Elections for all elected faculty positions and functions related to the grievance process are conducted by this committee.

Committee on Rank and Tenure. This University committee ensures Trinity’s goals for excellence in teaching, scholarship, and service among the faculty. Applications for tenure and promotion are reviewed, and this committee makes recommendations to the President. This Committee’s membership is limited to tenured Category A faculty.

Table I.D.1
Nursing Faculty Members on University and NHP Committees

Name	U-CAP	NHP-CAP	Education and Technology	Professional Development and Scholarship	Faculty Welfare
Nancie Bruce		X			
Jennifer Dahlman				X	
LaVerne Green		X			
Denise Jarboe					X
Katie Mancusi			X		
Daphne Waite		X			

Nursing Program Role in Governance

The nursing faculty have jurisdiction over matters concerning their Nursing Program's curriculum and evaluation, academic standards, and student admissions. All Nursing Program faculty members have input into curricular changes through nursing faculty meetings. The NHP Curriculum and Academic Policy Committee (NHP CAP) approves curricular and policy changes adopted by nursing faculty prior to review by the Provost and President and subsequent implementation. Nursing student input into the Program occurs through the Committee on Students with representatives from the junior class, senior class, and RN-BSN program. Students are encouraged to provide recommendations and input to their Committee on Student representatives directly, by email, or through written communication. The Nursing Program makes a concerted effort to include student input in discussion and deliberations regarding the Nursing Program. Students also have the ability to email the Dean, Director, their advisors, and their course professors with their concerns and feedback, and the Director also solicits such feedback via email. For instance, the Director regularly emails the nursing student body to inquire what their needs are regarding class scheduling, to determine if students are having any difficulty registering for the classes that they need, or to update students on Nursing Program announcements. The Dean, Director, and faculty have open-door policies whereby students may visit their offices without an appointment if they have urgent concerns.

Student Nurses Association

Student governance and group process among students has been enhanced by initiating student elections, a Committee on Students with student representatives, and a Trinity chapter of the Student Nurses Association (SNA), as re-established in Spring 2011 and in response to feedback to faculty and the Director. This feedback suggested that students sought a forum to provide input to courses, the curriculum, and instructional processes in addition to the mechanisms afforded via regular institutional assessment (e.g., faculty observations, course evaluations). The faculty and Director also surmised that student group processes and leadership skills would be improved with re-establishing a Trinity SNA chapter. Trinity supports the SNA and provides guidance from the Nursing and Health Professions Dean and Trinity's Dean of Students to ensure that SNA policies are consistent with Trinity policies for student groups.

I-E. Documents and publications are accurate. References to the program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, transfer of credit policies, grading policies, degree completion requirements, tuition, and fees are accurate.

Elaboration: A process is used to notify constituents about changes in documents and publications. Information regarding licensure and/or certification examinations for which graduates will be eligible is accurate.

Program Response:

All documents and publications, including extensive information provided via the Web, are accurate and continuously updated, with a significant refresh in November 2010 (the occasion of an institutional web redesign). The new Nursing Program goals and RN-BSN program revisions have been uploaded to the website. Other documents are also available virtually, including the University catalog, which is updated on an annual basis with additional updates uploaded in "real time" (i.e., at the time of implementation) in the online catalog. Nursing student handbooks are provided online and available in hard copy as requested. The nursing faculty and University administration updated the handbook in August 2010, and it contains accurate information. To ensure students' awareness of all policies, Trinity provides written communication via email and further explanation and elaboration for nursing students occurs in the orientation sessions held for all students entering the program. Further, every course syllabus includes classroom policies, and these syllabi are available via Trinity's Learning Management System Moodle, which launches from the website at www.trinitydc.edu. Additional web links provide information about Trinity's program offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree completion requirements, tuition, and fees.

I-F. Academic policies of the parent institution and the nursing program are congruent. These policies support achievement of the mission, goals, and expected student outcomes. These policies are fair, equitable, and published and are reviewed and revised as necessary to foster program improvement. These policies include, but are not limited to, those related to student recruitment, admission, retention, and progression.

Elaboration: Nursing faculty is involved in the development, review, and revision of academic program policies. Differences between the nursing program policies and those of the parent institution are identified and are in support of achievement of the program's mission, goals, and expected student outcomes. Policies are written and communicated to relevant constituencies. Policies are implemented consistently. There is a defined process by which policies are regularly reviewed. Policy review occurs and revisions are made as needed.

Program Response:

The School of Nursing and Health Profession's academic policies support its mission, goals, and expected student outcomes and support and maintain the educational quality of its academic programs. The Dean and Director, with faculty input, develop and revise Nursing Program policies, both academic and otherwise, as appropriate. Subsequently, the faculty review and approve these policies at regularly scheduled nursing faculty meetings, with subsequent approval by the NHP-CAP when pertinent to academic policies. Once a policy is approved and implemented (including executive administrative review if appropriate), it is the responsibility of the Dean or Director to periodically review it per the procedures established in the Nursing Total Program Evaluation Plan (Appendix H). Trinity's Student Handbook, found at <http://www.trinitydc.edu/policies/files/2010/09/Student-Handbook-2010-2011.pdf>, and the Nursing Program Student Handbook, found at http://www.trinitydc.edu/policies/files/2010/09/Nursing_Handbook_2010-2011.pdf, also explicate institutional policies, academic and otherwise, and identify any differences between Nursing Program policies and those of the University (e.g., , such as policies on admission, retention, and progression). The School supports applicants and students, including reaching out to underrepresented students before they apply, throughout their courses of study at Trinity, and after they have concluded their studies at Trinity.

The University's Admissions Department recruits students for the Nursing Program and holds regular recruitment and orientation open-house sessions throughout the school year. Trinity recruiters also visit local and regional high schools, community colleges, job sites, and career fairs of the District of Columbia and Greater Washington region to interest students in pursuing higher education at Trinity. Admissions Advisors counsel students interested in Nursing, and then pre-nursing students who do not hold a previous degree apply either to the College of Arts and Sciences or the School of Professional Studies; students with previous baccalaureate degrees are accepted into the School of Nursing and Health Professions as nursing candidates. All pre-nursing students must complete the nursing admission requirements and qualify to be selected. RN-BSN students are admitted directly into NHP, gaining simultaneous admission to Trinity and the Nursing Program.

Admission to the Nursing Pre-licensure Program occurs twice a year, in the Spring and the Fall. The Director and nursing faculty use the following criteria and guidelines when making the decision to accept nursing students:

- GPA of 2.5 or higher

- All pre-requisite grades of C or higher
- Completion of all nursing pre-requisite courses
- Written essay on why the student wants to become a nurse
- Scores on the TEAS (Test of Essential Academic Skills) in reading, math, science, and English

Considering all of these factors allows selection of candidates most likely to become a successful nurse. In evaluating multiple factors for the admission decision and in assessing the “whole candidate,” the Nursing Program remains consistent with the University’s admission process. For instance, many Trinity students have English as a second language and are not well versed in taking standardized tests. Further, literature suggests that when compared with less disadvantaged students, racial and ethnic minority students may score lower on standardized tests. To that end, those minority students who have been successful at collegiate levels may find it difficult to gain admission to traditional nursing programs. The barriers they encounter can include poor standardized test scores, lack of funds, and schools with leadership without a demonstrated commitment to diversity. These students frequently enter Trinity Washington University with inadequate preparation in mathematics and science courses and deficiencies in basic skills such as reading, writing, and communication. In response to these challenges and in keeping with its mission, Trinity continues to develop and implement many programs delivered by math and English specialists hired to assist students with improving these foundational skills.

The Nursing Program’s admission selection process exemplifies a commitment to the Trinity mission as well as the goal to increase nursing education opportunities for individuals from disadvantaged backgrounds, including racial and ethnic minorities, who are underrepresented among registered nurses. The University fosters retention and program admission by providing pre-entry preparation, academic support, and financial support for pre-nursing and enrolled nursing students. The Program maintains high standards for students, requiring at least a 2.5 GPA for them to remain in the Program. The most recent entering class (Spring of 2012) had a mean GPA of 3.2.. After admission, students must earn a minimum of C (78%) as a final grade in all nursing courses to remain in the Program. Specific policies designed to promote academic rigor include mandates, such as students who fail, withdraw, or drop a nursing didactic course may repeat it only once; students may not repeat more than two nursing didactic courses and may not repeat more than one nursing clinical course; and second failure will result

in dismissal from the Nursing Program. To promote student success, professors provide continuous feedback in Moodle so that students can review their progress in class. Should a faculty member identify a student who is not progressing satisfactorily, the instructor creates a Student Learning Contract (Appendix I), which the student reviews and signs. It is the practice in the Nursing Program to complete a learning contract with the student prior to mid-semester or date of withdrawal deadline, whichever is earlier. This allows the student the opportunity to either strengthen his or her performance or withdraw from the course.

The nursing faculty is clearly committed to students, and they recognize that understanding Trinity students and their needs requires significant involvement. The faculty work with students daily, and these experiences guide them in their decision-making as they participate in regular review and revision of the Program's academic policies. Their most recent programmatic policy changes included a revised nursing student handbook, a required attendance policy, and the support of requiring ATI testing materials as a supplement to the Program's assessment process. The faculty continues to review these as well as other academic policies at monthly faculty meetings.

I-G. There are established policies by which the nursing unit defines and reviews formal complaints.

Elaboration: The program's definition of a formal complaint and the procedure for filing a complaint are communicated to relevant constituencies. The program follows its established policies/procedures for formal complaints.

Program Response:

Trinity's Student Handbook outlines the formal complaint procedures pertaining to nursing students while the University catalog also provides parameters for academic disputes. Published on the University's website, the handbook and Catalog contain policies to assure that student appeals and disputes are addressed through timely and equitable processes. Appeals regarding academic probation or dismissal are directed to the Dean of the School of Nursing and Health Professions. Requests for an exception to an academic policy stated in the Trinity Catalog or the Academic Policy Handbook are directed to the School of Nursing and Health Professions Curriculum and Academic Policy (NHP CAP) Committee.

Trinity outlines specific grievance policies, all of which are available to students on Trinity web pages. These include but are not limited to the following:

- a. Grade appeal policy found at: <http://www.trinitydc.edu/academic-catalog/policies-nhp/>
- b. Academic honesty policy found at: <http://www.trinitydc.edu/policies/academic-honesty>
- c. Student codes of conduct policy found at: <http://www.trinitydc.edu/policies/coed-of-conduct-for-students>

Each written policy notes the grievance procedures and a mechanism for resolution. These policies are referenced in the Nursing Student Handbook. Requests for an exception to an academic policy stated in the Trinity Catalog or the Academic Policy Handbook are directed to the School of Nursing and Health Professions Curriculum and Policy (NHP CAP) Committee. Any other application for the redress of a student grievance based on the charge of discrimination that relates to academic procedures or policies must be addressed to the NHP CAP Committee. Formal complaints/grievances for non-academic policies are submitted in writing to the School of Nursing and Health Professions Dean.

As Trinity plans for ongoing programmatic improvements, administrators and faculty encourage students to express ongoing concerns. The Nursing Program has also established a Moodle site that includes a student forum, which provides the opportunity for students to openly dialogue with the Director. Further, any nursing student can informally communicate directly with the Director and the Dean as both have an open door policy. If resolution is not reached to the student's satisfaction, the student is referred to the appropriate student grievance (formal complaint) policy published on the University website. To date, complaints have been largely limited to issues regarding class times or particular offerings, and the Director and Dean take all complaints seriously, making immediate correction or improvements when appropriate based on student feedback. The NHP CAP has received no formal complaints to date.

Summary and Program Strengths of Standard I

- The nursing program's mission of preparing students for entry into a professional field greatly complements and extends the University's mission in regards to **integration of liberal learning with professional preparation.**
- **The development and growth of a nursing program for Trinity coincides well with Trinity's origins as a school started by the Sisters of Notre Dame whose mission was to educate women and advance the principles of equity, social justice, and honor.**

- The rapid growth of the Nursing Program over the last year has met the requests of the external community of interest for the Bachelor of Science Degree in Nursing for the District of Columbia, thus educating the local population.
- Students continue to indicate a positive response to the Nursing Program’s efforts in establishing and maintaining weekend and evening class schedules to meet the needs of working students.
- Nursing faculty have established many innovative partnerships with agencies in the community health and hospital settings, in keeping with the mission and goals of Trinity.
- The communities of interest wholeheartedly support and promote growth and changes of the Nursing Program; this includes students, alumnae/i, area health agencies, and community leaders. This is shown by the interest in service on our Nursing Program Advisory Council and the establishment of hospital-university partnerships.
- As Trinity’s newest collegiate unit, the School of Nursing and Health Professions was established in August of 2010, concurrent with hiring a founding Dean and appointing a new Director in June 2010.
- Faculty and students increasingly participate in governance, with a Nursing Student Association re-established and nursing faculty re-dedicating their commitment to serving on University-wide committees.
- Curriculum changes and development have been completed, guided by the new *AACN Essentials of Baccalaureate Education (2008)*, the DC Board of Nursing, the ANA Code of Ethics, the Program’s philosophy of caring, and the needs of the Program’s respective communities of interest.
- The nursing faculty developed a new philosophy for the Nursing Program and revised the mission statement, goals, and student outcomes for the Program.
- The mission, program goals, expected student outcomes, curricular threads, and philosophy of caring are even more easily accessible to current and prospective students via the Nursing Program website as a part of the institutional website’s redesign.
- Academic policies for the Nursing Program have been revised in order to better support expected student outcomes necessary for students’ professional success as nurses.

Areas for Improvement and Future Plans for Standard I	
Areas for Continuous Improvement	Future Plans for Quality Improvement

<p>The School of Nursing and Health Professions has yet to meet the requests of the community of interest for a nursing graduate program that meets the needs of our student population.</p>	<p>A position for an Associate Dean of NHP to lead nursing graduate programming has been posted.</p>
<p>Due to student schedules, a full participation of students in the governance process has been difficult to attain.</p>	<p>Investigate and implement better ways to involve nursing pre-licensure and RN-BSN students in student governance</p>
<p>The Nursing Program continues searching for ways to integrate our new philosophy of caring.</p>	<p>Develop ways of integrating the philosophy of caring into course syllabi and course content, including investigating learning and library resources.</p>
<p>Documentation of input from the community of interest on the mission, goals, and expected outcomes of the nursing program is limited.</p>	<p>The Director of the Nursing Program will continue to elicit and document feedback from Nursing Program Advisory Council members, members of the District of Columbia Organization of Nurse Executives, and student and alumni surveys.</p>

II-A. Fiscal and physical resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of resources is reviewed periodically and resources are modified as needed.

Elaboration: The budget enables achievement of the program’s mission, goals, and expected student and faculty outcomes. The budget also supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports recruitment and retention of qualified faculty and staff. Physical space is sufficient and configured in ways that enable the program to achieve its mission, goals, and expected student and faculty outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning) are sufficient to achieve the mission, goals, and expected student and faculty outcomes. There is a defined process for regular review of the adequacy of the program’s fiscal and physical resources. Review of fiscal and physical resources occurs and improvements are made as appropriate.

Program Response:

Fiscal Resources

Trinity has made considerable investments in the Nursing Program during the last six years. Table II.A.1 below illustrates the growth in the budget allocation for the School of Nursing and Health Professions, in which Nursing is the only fully staffed and operational academic program to date:

Table II.A.1

Trinity Budget for Nursing and Health Professions FY 07 to FY12

FY 2012	FY 2011	FY 2010	FY 2009	FY 2008	FY 2007
\$1,317,286	\$1,102,518	\$586,746	\$399,660	\$374,686	\$371,403

The 254% growth in this budget over a six year period is remarkable in any institution, and particularly one of Trinity’s size and relatively modest financial profile. The growth reflects these key factors:

1. *Strategic Investments:* Trinity’s budget decisions rest upon the institutional strategic plan. The investments in Nursing and Health Professions programs are consistent with Trinity’s strategic goals for enrollment growth and program development.
2. *Enrollment Growth:* Trinity’s strategic investments in Nursing have returned exceptional results in enrollment growth. In just six years, Nursing enrollment has gone from zero to

more than 200 students accepted into the major, with many more in the pipeline. These excellent enrollment results make it possible for Trinity to re-invest in the program.

3. *Faculty Size and Development:* Trinity has invested heavily in Nursing faculty and administrative personnel who are able to support the considerable needs of the students and faculty in the program. In just six years, Nursing has grown to be, by far, the largest academic program both in terms of faculty size as well as student body size. Trinity's faculty investments in Nursing also correlate with higher salaries for the Nursing faculty than other faculty, as well as a lower full-time-to-adjunct ratio. Nursing faculty has the opportunity to receive grants to participate in professional development activities as part of Trinity's overall faculty development program.

4. *Administrative Personnel:* Trinity has provided additional administrative personnel to support the needs of Nursing, including academic advising and clinical coordination, as well as general supervision and support of the program.

5. *Equipment:* Trinity is highly responsive to the equipment needs of the Nursing Program. Trinity's many excellent healthcare partners --- e.g., the Washington Hospital Center, National Rehabilitation Hospital – have made excellent gifts-in-kind for some equipment like hospital beds and other items. Additionally, however, Trinity's annual budget process includes the equipment investments that the Nursing Director requests, in consultation with the Nursing faculty.

6. *Facilities:* When Trinity started the Nursing Program in 2006, Trinity invested more than \$500,000 in renovations to house Nursing in space once occupied by Art and Music programs. While the current Nursing labs and classrooms have served the program well, program growth now requires additional investment in larger laboratory spaces on campus, and these will occur over the summer of 2012. Longer-term, Trinity has created a concept design for a \$55 million state-of-the-art Academic Center to house all of the laboratories and classrooms for the School of Nursing and Health Professions, as well as general classrooms. A capital campaign is underway to raise the monies necessary to support the construction of the new academic facility.

Trinity's Nursing budget undergoes annual review, as do all programmatic budgets, and the Nursing Director, Dean of NHP and Provost have opportunities to discuss the budget and make new requests for personnel, equipment and other expenses. Trinity has also funded off-budget requests as critical needs arise, although keeping within the approved budget is always a top priority.

Trinity is able to make continuing investments in the Nursing Program as a result of strong growth, clear institutional commitment to the success of Nursing and Health Professions, and a remarkably strong institutional financial profile. Trinity received high marks for its financial strength from Middle States reviewers in the Periodic Review Report process of 2011, available in the Exhibit Room. Trinity's audited financial statements and financial ratios are also available.

II-B. Academic support services are sufficient to ensure quality and are evaluated on a regular basis to meet program and student needs.

Elaboration: Academic support services (e.g., library, technology, distance education support, research support, admission, and advising services) are adequate for students and faculty to meet program requirements and to achieve the mission, goals, and expected student and faculty outcomes. There is a defined process for regular review of the adequacy of the program's academic support services. Review of academic support services occurs and improvements are made as appropriate.

Program Response:

Academic support services are adequate for students and faculty to meet the Nursing Program requirements and to achieve the mission, goals, and expected student and program outcomes. The support services are reviewed regularly by the University's academic administration and additions to staff and programming are added as needed. Most recently, Trinity added additional lines for math and writing specialists in response to data demonstrating student need. The Director of Academic Services has reached out to the Nursing Program, identifying peer tutors and other support services for nursing courses in which students request assistance.

University Library

The Nursing Program's faculty and director evaluate and suggest updates for the University's journal and book holdings to ensure the support of the nursing courses' objectives. The Sister Helen Sheehan Library houses approximately 225,000 volumes and offers online public catalog

and access to World Wide Web databases. The Library is affiliated with the Washington Research Library consortium, providing access to the libraries of American University, Catholic University of America, Gallaudet University, George Mason University, George Washington University, Georgetown University, Marymount University, and the University of the District of Columbia. Library services include lending and borrowing materials, general online databases with full-text resources for magazine and journal articles, discipline-focused ProQuest databases including Nursing and allied health, individual research assistance, general research workshops, video viewing, and taping rooms and study spaces for individuals and study groups. Library staff members develop and deliver sophisticated research and information literacy classes in line with the University commitment to integrating information literacy with critical thinking across the curriculum. A nursing collection is based on *Doody's Core Titles* and the essential purchase of relevant monographs and online journals and databases. The library offers research skills workshops in using it databases and in searching the World Wide Web. Library staff provides support for information literacy, research, and learning needs of faculty and students. Currently one of the reference librarians on staff provides students with an overview of library resources during NHP new student orientation and teaches database search techniques in the NURS 117 (Foundations for Nursing Practice) course. Faculty and students can access the library resources and databases on-line from the University web site or from their homes with a user name and password. Further, Trinity's location in Washington, DC affords our nursing students easy access to the reading rooms of the Library of Congress and the National Library of Medicine.

Technology Support

Computers, the internet, and communications technology are an integral part of the School of Nursing and Health Professions. The University employs personnel who are very helpful in assisting and training the nursing faculty in the use of innovative educational technologies. The Trinity Washington University Information Technology Services Department provides a rich computing environment for the entire University. Operating on behalf of students, faculty, and staff, the office supports administrative computing and consulting services, and manages telecommunications. The University provides a computer workstation for every faculty and staff member, an intranet involving servers that provide Web support, communications with the internet, administrative production systems, research data storage and software, email and Listserv support, and a platform to provide a secure computing environment. Currently there are 17 classrooms with Smart Boards, 17 others with projectors and internet access, and 5

classroom computing labs in addition to multiple open computing labs. The campus has wireless capacity in all buildings and students can access their email and other functions from home via the University website. Adoption of the Moodle course management system for all courses has improved student satisfaction and led to more effective utilization of technology tools in pedagogy. From home students can log onto their Moodle accounts and access course information and documents, submit papers, look-up their grades, and post comments to forums. From the Trinity Self-Service portal, students can register for courses, make up their schedules, view their transcripts and grades, and make payments.

Advising

Academic, personal, and professional advising are important parts of the overall educational process at Trinity Washington University. All students are assigned an advisor at the time of admission. First semester students must meet personally with their advisors to develop a program of study leading to graduation. Once accepted to the Nursing Program, students are assigned a nursing faculty advisor. Students complete course registration online. To facilitate students making steady progress toward degree completion, advisors approve student course registration each semester. Students are encouraged to meet with their academic advisors each semester to receive assistance in course and career decisions. Nursing advisors also provide additional support, referring students to the Academic Services Center if necessary.

Academic Services Center

The Academic Services Center offers free tutoring, study skills, assistance, and assessment testing to all students enrolled at Trinity. In particular, the following services are provided:

- **International Student Services:** The Office of International Student Services is open to all Trinity students who may need assistance with admissions, visa procedures, US immigration policies, and the challenges that living and studying in a different country may present.
- **Disability Support Services:** This office complies with the requirements of federal laws regarding nondiscrimination of individuals with disabilities. Trinity complies with the requirements of federal laws regarding nondiscrimination of individuals with disabilities.
- **Career Services:** A variety of resources is offered for students to enhance their career and professional potentials. Resources range from resume writing seminars to online guides on topics such as requesting a letter of recommendation, cover

letters, resumes, professional dress, and interview tips. Students may also make individual appointments to meet with a career counselor.

- **Writing Center:** This center offers writing support to all Trinity students, including one-on-one conferences, discussion of specific assignments, assistance with developing drafts, grammar and punctuation, writing workshops, and assistance with class presentations.
- **Math Center:** This center offers math support to all Trinity students, including online tutorials as well as one-on-one assistance and popular “Monday Night Math Labs” for additional assistance in designated courses.

Counseling Services

Through the Trinity Health and Wellness Center, the University offers professional personal and counseling services and programs. These services are confidential and can aid students in personal growth and development.

Office of Enrollment Services

Trinity’s Office of Enrollment Services provides continuous and careful personal financial counseling services and excellent financial aid packages to all students who need help with financial planning for college.

Student Retention Management

Trinity’s retention management strategies include a focus on effective advising from admission through the student’s entire academic career. Students’ abilities are assessed on entrance to the University to ensure the most effective pathway to success. When attendance, academic or personal challenges appear to jeopardize student success, early intervention is provided.

II-C. The chief nurse administrator:

- **is a registered nurse (RN);**
- **holds a graduate degree in nursing;**
- **is academically and experientially qualified to accomplish the mission, goals, and expected student and faculty outcomes;**
- **is vested with the administrative authority to accomplish the mission, goals, and expected student and faculty outcomes; and**
- **provides effective leadership to the nursing unit in achieving its mission, goals, and expected student and faculty outcomes.**

Elaboration: The chief nurse administrator has budgetary, decision-making, and evaluation authority that is comparable to that of chief administrators of similar units in the institution.

He or she consults, as appropriate, with faculty and other communities of interest, to make decisions to accomplish the mission, goals, and expected student and faculty outcomes. The chief nurse administrator is perceived by the communities of interest to be an effective leader of the nursing unit. The program provides a rationale if the chief nurse administrator does not hold a graduate degree in nursing.

Program Response:

In July 2010, Dr. Nancie Bruce assumed leadership of the Trinity Washington University Nursing Program. Dr. Bruce directs the pre-licensure BSN and the RN-BSN program tracks. She has a Ph.D. in nursing education from The Catholic University of America and belongs to that university's chapter of Sigma Theta Tau. She was an officer in the US Navy Nurse Corps and has worked in a variety of health care facilities in medical-surgical, critical care, shock-trauma, emergency, and corrections nursing. Dr. Bruce brings to the program a wealth of administrative leadership experience, having been a hospital supervisor, director of nursing in corrections nursing, and the founding director of the Nursing Program of Keiser University in Fort Lauderdale, Florida. She has been on faculty and chaired committees at various universities, including Florida Atlantic University, Barry University, Georgetown University, and Marymount University. In addition to her experience as a clinician, educator, and administrator, Dr. Bruce wrote the new nursing school proposal for Keiser University and presented testimony to the Florida Board of Nursing on their behalf. She has co-authored a critical care nursing textbook, contributed chapters to several books, published journal articles, and has presented research at nursing conferences. Dr. Bruce's academic credentials, career experiences, and leadership qualities indicate that she is highly qualified to direct Trinity Washington University's Nursing Program. A copy of Dr. Bruce's curriculum vitae will be provided on-site in the exhibits.

Dr. Bruce is vested with the decision-making and evaluative authority to accomplish the mission, goals, and expected student and faculty outcomes of the Nursing Program. (See job description among exhibits). Her administrative authority, including budgetary responsibilities, is comparable to that of other directors of similar units in the institution. In order to carry out her assigned administrative authority, Dr. Bruce consults, as appropriate, with the faculty, deans, university administrators, students, and members of the community of interest. Consultations with faculty are formalized in the school's structure in the form of faculty and governing committee meetings. Dr. Bruce began her tenure only a year and a half ago and has contributed to growth, changes, and improvements in the Nursing Program. She consults with faculty and the Nursing Program's community of interest (COI) regarding curriculum and other decisions affecting the program's mission, goals, and expected student and faculty outcomes.

Dr. Bruce has an “open door” policy for Program faculty and staff and solicits faculty and student input by regular emails and discussions at faculty meetings. Dr. Bruce solicits COI input to decision-making at Nursing Program Advisory Council meetings, hospital affiliation program meetings, and District of Columbia Organization of Nurse Executive meetings. Dr. Bruce has also attended AACN semiannual meetings in Washington, D.C. which have provided her with a forum to discuss critical issues facing nursing programs in universities and four-year colleges. She has had the opportunity to learn how other nursing administrators are approaching issues of infrastructure, funding, programming, trends, and concerns of nursing higher education.

Dr. Bruce is well-respected within Trinity’s COI. When she arrived as the Director of the Nursing Program, Trinity students were enrolled in clinical courses at six different hospitals. Now Trinity students have been invited into 13 hospitals for their clinical rotations. Many of Dr. Bruce’s contacts have been through her membership in the DC Organization of Nurse Executives which she serves as secretary. This prominent organization has been welcomed at Trinity for one of their meetings. Dr. Bruce was also invited to have Trinity host and do a presentation at the ATI’s annual ATI Educator Enrichment Conference. Dr. Bruce’s effectiveness as a leader is further evidenced by the excellent working relationships she enjoys with her staff and faculty. Her ability to recruit and retain excellent faculty is another indication of her effectiveness in the position she holds. When she arrived at Trinity, the Nursing Program had four full-time faculty. Since her arrival, Dr. Bruce has recruited and hired for five more full-time faculty and 20 adjunct professor positions.

II-D. Faculty members are:

- **sufficient in number to accomplish the mission, goals, and expected student and faculty outcomes;**
- **academically prepared for the areas in which they teach; and**
- **experientially prepared for the areas in which they teach.**

Elaboration: The full-time equivalency (FTE) of faculty involved in each program is clearly delineated, and the program provides to CCNE its formula for calculating FTEs. The mix of full-time and part-time faculty is appropriate to achieve the mission, goals, and expected student and faculty outcomes. Faculty-to-student ratios ensure adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies and professional nursing standards and guidelines.

Faculty is academically prepared for the areas in which they teach. Academic preparation of faculty includes degree specialization, specialty coursework, or other preparation sufficient to address the major concepts included in courses they teach. Faculty teaching in the nursing program has a graduate degree. The program provides a rationale for the use of any faculty who do not have a graduate degree.

Faculty members who are nurses hold current RN licensure. Faculty members teaching in clinical/practicum courses are experienced in the clinical area of the course and maintain clinical expertise. Clinical expertise may be maintained through clinical practice or other avenues

Program Response:

Faculty numbers are sufficient to accomplish the mission, goals, and expected student and faculty outcomes. Trinity employs a Dean of the School of NHP, a Nursing Program Director, nine full-time 12-month faculty, and 20 part-time nursing adjunct professors. Due to the program's rapid growth, a clinical coordinator (who also has teaching responsibilities) has recently been hired and has started in the Spring 2012 semester. (See job description in Exhibit Room.) In Summer 2011 the University recognized the Nursing Program's enrollment growth and supported the hiring of a full-time academic advisor to assist faculty in their advising duties in the School of Nursing and Health Professions. The mix of full-time and part-time faculty has enabled the Nursing Program to achieve its mission, goals, and expected student and faculty outcomes.

Due to rapid nursing program enrollment growth, the Program hired more adjunct professors than expected for the Spring 2012 semester. As part of Trinity's growth management, the University is examining the use of adjunct professors in comparison to full-time professors. Trinity works to ensure that the mix of full-time and part-time faculty maintains the academic quality and integrity of the Trinity degree. Additionally, the Director mentors adjunct and full-time faculty to ensure that students are receiving the Trinity quality of instruction expected. The hiring of a clinical coordinator to help with the clinical placements and mentoring of adjunct clinical professors will greatly assist in this endeavor.

Six individuals, including the Dean, Director, three full-time faculty, and one adjunct professor are doctorally prepared. The remaining faculty holds Master's Degrees. All faculty members have BSNs and are licensed in the District of Columbia. The Dean of the School of Nursing and Health Professions is a licensed physical therapist. As shown in Appendix E, all of the faculty members are teaching within their areas of specialty. Most of them have at least two clinical specialty areas. As outlined in the faculty handbook, each faculty member is expected to teach four courses per 16-week semester and two courses in the 8-week summer session, which may include labs, clinicals, or lecture courses. They are expected to work five days per week, one of which allows for clinical practice, community service, or scholarly pursuits. Faculty members

also serve on committees and as student advisors. The nursing faculty workload expectations are consistent with other Category B faculty throughout the University.

The Nursing Program has acquired a culturally diverse, eclectic faculty who demonstrate expertise within a full range of nursing specialties (pediatrics, maternity, critical care, emergency, psychiatric, community health, public health, long-term care, and corrections nursing). Trinity has the unique advantage of being located in the nation's capital, where the abundance of universities and attraction of a prominent city draw many well-qualified faculty. The faculty received their educations from many different institutions and has shown that they have the resources and drive to make a difference with a culturally diverse and challenging student population. Initial feedback from the students indicates that they are impressed with the faculty's caring, attentiveness, and expertise.

The average class size in the Nursing program is small. Class sizes range from 6 students to a maximum of 32 students. Clinical rotation sizes are typically from 6 to 8 students. Laboratory classes have 16 students. These small class sizes enable faculty to provide more individualized attention and time for tutoring.

II-E. When used by the program, preceptors, as an extension of faculty, are academically and experientially qualified for their role in assisting in the achievement of the mission, goals, and expected student outcomes.

Elaboration: The roles of preceptors with respect to teaching, supervision, and student evaluation are clearly defined; congruent with the mission, goals, and expected student outcomes; and congruent with relevant professional nursing standards and guidelines. Preceptors have the expertise to support student achievement of expected learning outcomes. Preceptor performance expectations are clearly communicated to preceptors.

Program Response:

The use of preceptors provides for a clinical experience in which a senior nursing student is participating in the provision of care for one or more clients and a faculty member is not in attendance on-site. Faculty are available via cell phone/direct communication at all times while the students are in the clinical setting. Preceptors are carefully selected and have either a BSN or MSN with a minimum of two years of nursing experience. Consistent with Trinity's hiring practices, the Nursing Program seeks preceptors who maintain high standards of nursing practice and who demonstrate the ability to work with a diverse population. Preceptors are

made aware of Trinity's Nursing Program policies through communication with the Director as well as full-time faculty. The students and faculty evaluate the preceptors at the end of their practicum courses.

Definitions and Method of Selection of Clinical Preceptors

The District of Columbia Board of Nursing regulates the minimum qualifications of clinical preceptors:

- A preceptor is a licensed registered nurse who is employed by the facility in which the clinical experience takes place, and who agrees to provide supervision to a student for a specified period of time during the preceptor's scheduled work hours in order to assist the student to meet identified learning objectives.
- Preceptors are recommended and approved by their clinical facilities where they are employed as having evidenced excellent nursing practice skills and experience.
- Preceptors may be used for supervision of students only after students have demonstrated knowledge and skills that are required for the clinical situation.
- A clinical preceptor shall have the following minimum qualifications:
 - At least two years of experience in direct patient care within the past 5 years; current licensure, in good standing, as a R.N.
 - A minimum of a BSN, with MSN preferred.
- The preceptor voluntarily agrees to participate in the preceptorship, has been informed of and is in agreement with the caring philosophy of the nursing program, and is willing to assume responsibility for the student while the student is under the preceptor's supervision.

Trinity nursing faculty schedule an initial orientation meeting with the clinical preceptor and the student to discuss the preceptorship goals and objectives, required clinical hours, schedule of shifts, and evaluation tools. The faculty meets with the preceptor and student at mid-term, and during the final week of the scheduled clinical preceptorship to ensure ongoing analysis and evaluation of the clinical experiences. Additional meetings may be scheduled if needed throughout the semester.

Various evaluation tools are used to monitor the student's learning experiences. The Preceptor Evaluation of Student Tool provides the preceptor an opportunity to measure the

student's progress on personal objectives (Appendix J). The Preceptor Evaluation Tool allows the student to provide feedback regarding the performance of the preceptor. The Clinical Facility Evaluation Tool allows the students and faculty to provide feedback regarding the clinical site. The Clinical Facility Evaluation of Students and Faculty Tool provides the institution an opportunity to evaluate the Trinity students. Students are also given a nursing performance rating by the preceptor on the Clinical Progress Performance Record (shown in Exhibit Room).

II-F. The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.

Elaboration: Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role and in support of the mission, goals, and expected student outcomes. For example:

- *Faculty has opportunities for ongoing development in pedagogy.*
- *If research is an expected faculty outcome, the institution provides resources to support faculty research.*
- *If practice is an expected faculty outcome, opportunities are provided for faculty to maintain practice competence, and institutional support ensures that currency in clinical practice is maintained for faculty in roles which require it.*
- *If service is an expected faculty outcome, expected service is clearly defined and supported.*

Program Response:

Faculty teaching, scholarship, service, and practice within the program are encouraged and supported by the University. (See faculty scholarship and service in Appendix K.) The major component of the faculty workload is related to teaching and is enhanced by creative activities that faculty select to implement. Full-time faculty teach four courses per 16-week semester and two courses in the 8-week summer session. These may include a laboratory, clinical, or lecture course. Additionally, faculty members advise students and serve on University-wide committees. Some of the faculty members serve as course team leaders in support of the adjunct faculty. Faculty act as advisors to the Student Nurses Association and also help with weekend recruitment fairs and orientation sessions. The University supports faculty through professional development funding and time set aside for scholarship, service, and practice activities. Nursing faculty pursuing professional development and scholarship individually may apply to the Director or Dean for financial support for travel to conferences. These requests are forwarded to the Provost, consistent with support for all University faculty. In addition the

University sponsors professional development opportunities for groups of faculty and staff through the Trinity Institute. Programs offered through the Trinity Institute to faculty are as follows:

- **New Staff Orientation.** New staff employees review Trinity’s mission, vision, goals and organizational structure. Guest speakers from different departments facilitate parts of the meeting. The purpose of this meeting is to allow new staff members to learn about Trinity’s past; to gain a better understanding of Trinity’s strategic objectives and to appreciate where they fit in the big picture of Trinity. Required of new staff.
- **Functional Orientation.** Equipped with a checklist and a sense of adventure, each new staff employee will visit each of the following departments to interview one employee: SPS Advising, Trinity Center/Athletics, Business Office, DPS, Library, Human Resources, and Technology Services. In addition, each new staff employee will observe, for one hour, in one of the following departments/divisions: Admissions, Enrollment Services, or Institutional Advancement. The purpose of this assignment is for new employees to gain a deeper understanding of the business of Trinity; how other departments service our students; and to further realize their role in Trinity’s success. Each new employee will have two weeks from hire date to complete this assignment.
- **Digital Literacy.** All Trinity employees must demonstrate standard proficiency in Microsoft Word, Excel, and Outlook. Working knowledge of Microsoft Access, PowerPoint and Publisher will only enhance the skill sets of our workforce. In addition, student service staff and some faculty use Power Campus for data inquiries, data management, and reports. Great Plains is used generally by operational areas for budget, data management and reports. The full utilization of these applications will only enhance productivity and efficiency. Job specific requirement
- **Diversity: It’s All About Respect.** As stated in Trinity’s mission, “RESPECT for Human Dignity will continue to characterize Trinity’s campus life through honoring the broad diversity of races, ethnicities, cultures, languages, abilities, beliefs and interests of Trinity’s student body”. This course stresses the importance of respecting and embracing the diversity of the Trinity community and the importance of providing excellent service by recognizing the diverse needs of our customers.

- **Customer Service: We Care.** Participants will be able to identify Trinity's internal and external customers; identify barriers to providing excellent customer service; link customer service to Trinity's strategic goals; and tie customer service goals to student enrollment, retention and diversity.
- **Preventing Harassment: Creating a Culture of Respect.** As previously stated, RESPECT for human dignity characterizes the Trinity culture. Participants will be able to create an environment in their workplaces where harassment of any kind does not exist. Gender, racial, sexual and other types of harassment will be discussed. Participants will be able to explain how to respond if ever faced with any type of harassment.
- **Policy Workshops.** Each month Trinity will highlight at least one university policy. The subject matter expert and office of human resources will facilitate the one to two hour training sessions. Examples of topics covered include, but are not limited to: The Purchasing Process; The Leave Policy; Technology Usage Policy; and Emergency Management Procedures.
- **Performance Assessment.** Performance assessment workshops are held for staff and supervisors. The purpose of these workshops is to give staff the tools to complete a self-assessment, and to give supervisors the tools to accurately and effectively complete the performance assessment document and conduct the performance assessment session with their staff.
- **Personal Development.** Trinity recognizes the importance of taking care of those things personal to all employees, like finances; physical/mental health and wellness; retirement planning; family issues; etc. At least one personal development course will be offered each session. Examples of topics that will be covered include, but are not limited to: Financial Education; Stress Management; Time Management.

Other courses will be added over time. The goal is to standardize the essential training courses and create a menu of new and different training on an ongoing basis.

In the Fall of 2006 the University established the Center for Teaching and Learning Excellence to focus on the development of pedagogy and curricula that result in student success. The Center assists faculty in a variety of ways, ranging from offering specific workshops in response to faculty surveys to sponsoring sessions facilitated by experts both within and outside of the

University community. The nursing faculty has participated in a number of faculty development sessions on the use of Moodle, Trinity's Learning Management System.

Summary and Program Strengths of Standard II

- Trinity's Nursing Program enjoys strong resource support and an institutional climate that promotes growth and excellence in the program.
- Trinity has made an extraordinary commitment to Nursing facilities, both through providing appropriately renovated space for the start-up of Nursing in the last six years, and now planning a major new academic facility whose core will be Nursing laboratories, classrooms and offices.
- Trinity continuously adds equipment and resources for Nursing labs, including the recent addition of more mannequins and other equipment.
- Trinity continues to invest heavily in Nursing faculty and other personnel, including a full-time advisor and a clinical coordinator; additional personnel will come on line in the Fiscal 2013 cycle.
- Nursing students each have their own individual full-time nursing faculty advisors.
- The nursing program has significantly increased clinical affiliations with local hospitals and community health agencies to the point where over 25 clinical rotations per semester are being held at 12 different hospitals.
- Being located in the nation's capital, Trinity nursing students have the advantage of being able to perform their clinical rotations at a large variety of nationally ranked hospitals.
- Trinity nursing students have access to some of the best libraries in the world, including the Library of Congress and the National Library of Medicine.

- For learning health care policy and politics, Trinity nursing students have the opportunity to attend health-related legislative hearings on Capitol Hill.
- Trinity is collaborating with local hospitals to share simulation laboratory resources.
- Nursing classes and clinical rotations are offered at a wide variety of times in order to accommodate both the working population who need evenings and weekend courses and also the traditional students who attend classes during the day time, Monday through Friday.
- All Trinity nursing courses are offered every semester, except for some of the RN-BSN courses and some first term pre-licensure courses, in order to accommodate students.
- Hybrid courses were begun during the Spring, 2012 semester using selected nursing courses as pilot program courses.
- The nursing program now has a Student Nurses Association chapter with faculty advisors who hold programs for the students and two pinning ceremonies per year.
- The University supports the faculty with easily accessible continuing education opportunities through the Trinity Institute and through travel compensation to attend professional seminars.

Areas for Improvement and Future Plans for Standard II	
Areas for Continuous Improvement	Future Plans for Quality Improvement
The nursing program has outgrown its nursing laboratory space.	A new nursing lab space has been planned in an adjacent building and arrangements are being made to have beds donated from a local hospital.
Nursing faculty has expressed the need for a laboratory coordinator.	A nursing lab coordinator is being planned for in the next nursing annual budget.
The nursing students have a need for ownership of laptop computers and/or e-	Trinity is in contact with various computer companies regarding obtaining a grant or

Areas for Improvement and Future Plans for Standard II	
Areas for Continuous Improvement	Future Plans for Quality Improvement
reader devices for on-line practice testing and access to e-textbooks, course assignments, and exams.	discount for students for laptop computers or e-reader devices.
The nursing program needs to continue to pursue partnerships in simulation labs.	A clinical coordinator has been hired to set up more partnerships in the community.
The nursing program would benefit from more full-time faculty positions in relation to the number of adjunct professors.	The nursing budget will be examined to determine the ability to hire more full-time nursing faculty.
A new nursing classroom and lab facility is needed now that the numbers of nursing students has increased.	Trinity's architect has designed a new classroom building and funding is currently being sought.
More support for scholarly/research activities by nursing faculty is needed.	Creating mechanisms for collaborate projects among full-time teaching and community partners will be examined to promote scholarly and research activities, including encouragement of faculty to obtain their doctoral degrees.
More public recognition of excellence in faculty teaching is needed.	The Dean, Director, and faculty will be researching a method in which faculty awards can be made.
More recognition of nursing students with honors is needed.	Starting a chapter of the nursing honor society (Sigma Theta Tau) is a future goal.
In order to accommodate expansion, the Nursing Program will need to increase numbers of hospital and community clinical sites, even though 12 local hospitals are currently in use.	A clinical coordinator has been hired to begin networking in the local community to increase clinical affiliation contracts.

III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected individual student learning outcomes that are congruent with the program's mission, goals, and expected aggregate student outcomes.

Elaboration: Curricular objectives (course, unit, and/or level objectives or competencies as identified by the program) provide clear statements of expected individual student learning outcomes. Expected individual student learning outcomes contribute to achievement of the mission, goals, and expected aggregate student outcomes.

Program Response:

Curricula for the pre-licensure BSN and RN-BSN programs are developed, implemented, and constantly evaluated and revised to reflect clear statements of individual student learning outcomes (course objectives) that are congruent with the Nursing Program's mission, Program goals, and expected student outcomes. Course syllabi using a standard format (see Appendix L) clearly state the Program's curricular objectives; these syllabi are available as an exhibit in the Exhibit Room. To ensure a clear understanding of expected learning outcomes, each faculty member reviews course objectives with students at the beginning of each course. Appendix B shows exemplars of congruency among the BSN program mission and goals, expected student outcomes, and professional nursing standards. Appendix C illustrates the relationship among expected learning outcomes, **pre-licensure BSN** courses, course objectives, and concepts from the AACN *Essentials of Baccalaureate Education* (2008) while Appendix M shows the relationship among expected learning outcomes, **RN-BSN** courses, course objectives, and concepts from the *Essentials*.

Faculty and administrators evaluate and revise the nursing curriculum and curricular objectives and outcomes as appropriate each semester, and the faculty has devoted particular attention to the curriculum in the past year, as a result of data from the first graduating classes. A curriculum mapping effort for 2012 will augment the content mapping already done for the medical-surgical nursing courses.

III-B. Expected individual student learning outcomes are consistent with the roles for which the program is preparing its graduates. Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum, expected individual student learning outcomes, and expected aggregate student outcomes.

- **Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).**

Elaboration: Each degree program and specialty area incorporates professional nursing standards and guidelines relevant to that program/area. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum.

Program Response:

During the Fall 2010 semester, the Director of the Nursing Program and faculty implemented the notion of caring as the Nursing Program philosophy, shown in Appendix B. Based on the caring philosophy and in keeping with the University's mission, the faculty and Nursing administration developed a new mission statement and program goals. New expected learning outcomes for the BSN students were written and derived from the (a) Program's mission, (b) philosophy of caring, (c) Program goals, (d) the needs and expectations of the community of interest, (e) the American Association of Colleges of Nursing's (AACN) document, *The Essentials of Baccalaureate Education for Professional Nursing Practice* (2008), (f) the ANA Code of Ethics, and (g) the *District of Columbia Municipal Regulations for Nursing Schools* (2007).

Some changes are quite specific. For instance, some of the course names were changed during the Fall 2010 and were implemented during the Spring 2011 semester. These changes were made in order to integrate new concepts and topics from the AACN *Essentials* document (2008) into the curricula. Since the Nursing Program's launch of its original curriculum (founded on the 1998 AACN *Essentials* document), the health care delivery system has seen significant changes, and the Program has in turn responded with appropriate modifications. For example, the course name NURS 330 Research and Theory in Nursing has been changed to NURS 330 Nursing Research and Evidence-Based Practice to show the change in focus of national trends of implementing evidence-based practice into nursing. Further change involves course sequencing. Trinity's research course has been moved into the senior year, first semester rather than in the students' junior year: this decision reflects an awareness of students' difficulty with the concepts introduced in the course. The textbook was also changed and a workbook was added.

Another example involves the RN-BSN course, NURS 430 Emergency Preparedness and Disaster Management, which has been changed to NURS 430 Emergency Nursing and Illness Prevention. The RNs returning to school for their baccalaureate degrees often intend to leave the inpatient setting and work in the community, where they will need more knowledge of

primary care, emergency nursing, health promotion, and prevention of illness, so the emergency nursing course is currently being revised to meet these learning needs.

Another change specific to the RN to BSN program involves a new course to the RN-BSN program, Pharmacology and Alternative/Complementary Therapies. This decision reflected the awareness that RN-BSN students, including those from other cultures, had a need for more pharmacology knowledge. Alternative/complementary therapies is a topic recommended by the AACN *Essentials* document (2008) and fits well with the culturally diverse student and community population at Trinity and especially for the RNs who will be working in the community setting.

Other examples of changes stemming from evaluation and reflection include the RN-BSN course, NURS 400 Experiential Learning Portfolio, which was removed from the RN-BSN curriculum: content was subsequently integrated into the NURS 490 RN Capstone course. Also, the RN Transition course was removed and the course content divided between the RN Capstone course and a new course, Contemporary Issues in Nursing and Health Care. The student-focused RN Capstone course, taken at the end of the RN-BSN program, provides a more appropriate transition for the graduating student. In the Capstone course, the RN-BSN students discuss their professional identities as members of the nursing profession as they advocate for the profession and respect lifelong learning and advancement of the profession. Specifically, students in this course work on their professional writing, teaching, speaking, research, and critical thinking skills as they reflect, evaluate, and prepare for role transition. Another new course, NURS 325, Contemporary Issues in Nursing and Health Care, will address the role of the professional nurse in collaboration with other health professionals and the public in the promotion of community, national, and international efforts to meet society's health needs and shape social policy.

To ensure consistency across the curriculum, during the Spring 2010 semester the faculty selected six curricular threads for the BSN program. Included in the objectives of every nursing course, these threads are:

1. Caring
2. Evidence-Based Practice
3. Critical Thinking
4. Diversity
5. Information Technology Systems

6. Safe and Competent Patient Care

Derived from the AACN *Essentials* document (2008), these threads facilitate course design and programmatic evaluation. The next phase of programmatic development involves integrating these curricular threads into every aspect of the nursing curriculum and support services.

Other changes in the health care system led to shifts in the pre-licensure nursing curriculum during the Fall 2011 semester. For example, the DC Board of Nursing required District nursing schools to include free-standing geriatrics course. Accordingly, administrators and faculty designed and added a new course, NURS 480 Nursing of Older Adults, which students take in their final semester, replacing the previously-required Complex Nursing course. Other changes resulted from personnel issues in the District. Local hospital administrators witnessed a rapid turnover of registered nursing staff and were consequently deploying all trained preceptors to educate their own new hires. As a result, the hospitals could no longer provide preceptors for Trinity's senior nursing students and instead requested that a Trinity clinical professor accompany all students to sites. Therefore, Trinity discontinued offering a 3-credit preceptorship course and instead began offering a 2-credit NURS 491C Senior Clinical Practicum and a 1-credit NURS 491 Senior Practicum Seminar. The graduating seniors will be performing a group clinical rotation on a telemetry, intermediate ICU, or other advanced unit. Trinity will still provide the opportunity for an individual student to perform a senior preceptorship in a pediatric, psychiatric, or other nursing specialty setting, if such a preceptor can be found, and this preceptorship would be done as an independent study.

Direct and indirect data informed other changes. For instance, Nursing faculty indicated that students were unable to recall material learned in their pharmacology course, a pre-Nursing course. In response to this finding, the faculty developed NURS 215, to be taken during the Nursing student's first semester, junior year, in closer proximity to the medical-surgical nursing courses. Also in response to students' difficulty with key concepts, the faculty has recommended changes to NURS 262 Introduction to Health Assessment. Effective Spring 2012, the lead faculty will conduct a review of pathophysiology. On a more practical level, beginning in 2011, students in NURS 262 began going to nursing homes where they practice health assessment skills in an actual health care setting.

Finally, faculty feedback led to modifying a course required for both pre-licensure and RN to BSN curricula: NURS 420C Community and Public Health Nursing Clinical. Previously offered

in an 8-week, compressed format and scheduled on an ad hoc basis depending on a student's and a facility's availability, the course is now offered in the 16-week full semester on a dedicated day of the week, allowing more systematic assessment and providing for a more direct clinical, rather than observational, experience.

III-C. The curriculum is logically structured to achieve expected individual and aggregate student outcomes.

- **The baccalaureate curriculum builds upon a foundation of the arts, sciences, and humanities.**

*Elaboration: Baccalaureate program faculty and students articulate how knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Post-baccalaureate entry programs in nursing incorporate the generalist knowledge common to baccalaureate nursing education as delineated in *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) as well as advanced course work.*

Program Response:

Trinity's BSN curriculum provides solid foundation in the liberal arts and sciences, especially significant in the College of Arts and Sciences, which has an historic and recognized general education curriculum transformed in light of today's students and their needs. The ratio between nursing and non-nursing courses ensures sufficient preparation for the safe and effective practice of nursing. Consistently, Nursing faculty and faculty teaching and developing general education courses meet with administrators, including collegiate deans, to ensure a clear glide path and a smooth transition between the general education and the major courses. Of their 128 credits required to graduate, students take 61 credits of nursing courses and 67 credits of general education courses (Appendix N). Many of the general education courses prepare students for their nursing courses, such as math, anatomy and physiology, statistics, sociology, psychology, nutrition, pathophysiology, chemistry, bioethics, and microbiology. Nursing faculty expect students to apply knowledge learned in these liberal arts courses to nursing course content, examples of which are shown in Table III.C.1. With this large number of courses in nursing and the sciences, students are well prepared for the nursing profession.

Table III.C.1***Exemplars of Knowledge from Courses in the Arts, Sciences, and Humanities that Provide a Foundation for Selected BSN Nursing Practice Courses***

BSN Prerequisite Courses in Liberal Arts and Sciences	Sample BSN Course	Nursing Program Expected Student Outcomes
MATH 110 Statistics	NURS 330 Introduction to Research and Evidence-Based Practice	Apply critical thinking in the nursing process using research-based knowledge and evidence based health care to individuals, families, groups, communities, and populations
PHIL 251 Bioethics	NURS 117 Foundations for Nursing Practice	Provide quality health care within a framework of competent, moral, ethical, safe, and legal practices
INT 109 Information Literacy COM 110 Communication for Academic Success	NURS 410 Leadership and Management in Healthcare	Perform technical skills competently which includes the use of computers, patient care technologies, and information management systems
COM 255 Intercultural Communication RST 290 Religions of the World	NURS 362 Advanced Health Assessment	Deliver safe, competent, humanistic care that respects a client's cultural, spiritual, ethnic, gender, and sexual orientation diversity within the practice of an increasing global, multicultural environmental.
HPNU 210 Pathophysiology	NURS 350 Medical-Surgical Nursing I	Apply knowledge of health promotion, risk reduction, disease and injury prevention, and illness and disease management throughout the lifespan from the individual through the population levels.
ECON 101 Introduction to Microeconomics	NURS 410 Leadership and Management in Nursing	Demonstrate basic knowledge of nursing history, contemporary issues, healthcare policy, finance, and regulatory environments that impact quality improvement, nursing, healthcare costs, and healthcare delivery.
COM 290 Public Speaking	NURS 360 Psychiatric/Mental Health Nursing	Communicate, collaborate, and utilize concepts of group dynamics in order to provide for safe, high quality patient care as a member of the health care team.

The courses in the nursing program are organized so that beginning courses build knowledge necessary for the later courses, and thus the curriculum progresses in a logical, sequential order with increasing complexity. During their freshman and sophomore years, students take nursing prerequisites such as chemistry, nutrition, and microbiology. They do not begin their nursing courses until their junior year. The pre-licensure BSN and RN-BSN programs prepare

professional nurses as generalists in clinical practice, building on a foundation of knowledge in the humanities, sciences, and related professional disciplines.

Students can enroll for their pre-requisite courses in either of two schools, the College of Arts and Sciences (CAS) or the School of Professional Services (SPS). Additionally, students who have already earned a baccalaureate may enter the School of Nursing and Health Professions as second-degree candidates, and they must fulfill all specified pre-Nursing requirements, as outlined below. CAS is an historic all-women's college that offers classes in a traditional day-time format while SPS typically serves students (women and men) who also work full-time and who thus often attend college part-time: their courses are scheduled during the evenings and weekends. Both the CAS-BSN and SPS-BSN curricula are designed as four-year 128 credit programs, although students may take longer to complete their courses of study depending on competing personal demands, such as full-time employment and family needs. Both programs require two years of pre-requisite course work in general studies prior to a student's acceptance into the nursing program where students take two years of course work within the nursing major. Nursing faculty expects students to carry forward the knowledge and skills gained from their liberal arts and science courses in order for them to understand and integrate nursing knowledge. To round out and continue their general education and apply it to their nursing experience, students take six credits of upper-division (300 or 400 level) elective courses, again reflecting both Trinity's institutional commitment to meshing liberal arts and practical experience as well as the Nursing profession's understanding of how vital liberal arts are to skilled health care providers.

Requirements for students in the two collegiate units and for those who enter as candidates for the second baccalaureate degree are as follows:

School of Professional Studies Requirements

Core requirements for the SPS pre-nursing students are required in three different areas:

Area I. Skills for Life and Work: Students hone skills necessary for success in today's global workplace through coursework in:

- Writing (3 credits) ENGL 107 College Composition
- Communication (6 credits) Intercultural Communication, Spanish for the Workplace, or Public Speaking
- Numeracy (3 credits) Foundations of Mathematics (effective Spring 2012 Finite Math, which has a particular attention to mathematics for health-care providers)
- Information Literacy (3 credits)

Area II. Understanding the Self and Society: Students develop critical thinking ability and expand their breadth of knowledge to sustain major study through coursework in the area of:

- Arts and Humanities (6 credits),
- Social Sciences (6 credits) Psychology and Sociology
- Scientific Understanding (4 credits) - Chemistry for Health Sciences

Area III. Ethics and Moral Reasoning: Students reflect on morality, social justice, and the larger meaning of human existence through coursework in:

- Ethics and moral reasoning (3 credits) Bioethics

Core and Pre-Nursing Requirements of the Pre-Nursing SPS Students

- English Composition
- Interpersonal Communication or Public Speaking
- Intercultural Communication or Spanish for the Workplace
- Foundations of Mathematics (effective Spring 2012 Finite Math, which has a particular attention to mathematics for health-care providers)
- Statistics
- Information Literacy
- Introduction to Psychology
- Introduction to Sociology
- Introduction to Biology
- Anatomy and Physiology I and II with lab
- Chemistry with lab
- Professional and Career Success in the Health Professions
- Two Courses in the Arts and Humanities
- Microbiology with lab
- Nutrition
- Pathophysiology
- Bioethics

College of Arts and Sciences Requirements

The general education curriculum of the CAS focuses on four different curricular areas:

- Foundational Skills
- Knowledge and Inquiry
- Values and Beliefs
- Applications: Turning Knowledge into Action

Over the course of four years, CAS students take courses within each of these areas to achieve eight goals linked to the completion of the general education curriculum. As a result of successfully completing Trinity's general education curriculum, students will be able to:

- Read, understand, and analyze texts
- Communicate effectively in speech and in writing
- Understand and use quantitative reasoning to solve problems
- Locate, evaluate, and synthesize information in the construction of knowledge
- Explore and connect fields of knowledge in the liberal arts
- Apply diverse modes of inquiry to the study of human societies and the natural world

- Develop facility for moral reasoning and examine the moral and religious dimensions of human experience;
- Develop capacities for responsible citizenship and leadership in diverse communities

Core and Pre-Nursing Requirements of the College of Arts and Sciences Students

- English Composition or Introduction to Writing
- Professional and Career Success in the Health Professions (critical reading course)
- Communication for Academic success
- Foundations of Math (effective Spring 2012 Finite Math, which has a particular attention to mathematics for health-care providers)
- Statistics
- Introduction to Psychology
- Introduction to Sociology
- Anatomy and Physiology I and II with lab
- Chemistry with lab
- Literature Course
- Principles of Economics
- Foreign Language I and II (6 credits)
- Religious Studies Course
- Fine Arts Course
- Microbiology with lab
- Nutrition
- Pathophysiology
- Bioethics
- History Course

Pre-Nursing Requirements of the Second Baccalaureate Students

- Anatomy & Physiology I and II with lab
- Microbiology with lab
- Chemistry with lab
- Mathematics
- Psychology
- Sociology
- Bioethics
- Statistics
- Nutrition
- Pathophysiology

Liberal Arts and Sciences Requirements of the RN-BSN Students

- English Composition
- Mathematics
- Information Literacy
- Introduction to Sociology

- Intercultural Communication, Spanish for the Workplace, Foreign Languages, or Public Speaking (6 credits)
- Introduction to Psychology
- Arts and Humanities (6 credits)
- Chemistry for Health Sciences with lab
- Nutrition
- Microbiology with lab
- Anatomy and Physiology I and II with lab
- Statistics
- Bioethics
- General Electives (6 credits) and Upper Level General Electives (6 credits)

Table III.C.2
Course Sequence of Pre-Licensure BSN Program

JUNIOR YEAR FIRST SEMESTER	
COURSE	CREDITS
NURS 117 Foundations for Nursing Practice	3
NURS 117L Foundational Skills for Nursing Practice Lab	1
NURS 220 Health Promotion, Policy, and Politics	3
NURS 262 Introduction to Health Assessment	3
NURS 215 Pharmacology	3
Upper Division General Education Elective (300 or 400 level course)	3
JUNIOR YEAR SECOND SEMESTER	
NURS 350 Medical-Surgical Nursing I	3
NURS 350C Medical-Surgical Nursing I Clinical	2
NURS 360 Psychiatric and Mental Health Nursing	3
NURS 360C Psychiatric and Mental Health Nursing Clinical	2
NURS 362 Advanced Health Assessment	2
NURS 362L Advanced Health Assessment Lab	1
NURS 417L Comprehensive Nursing Skills Lab	1
Upper Division General Education Elective (300 or 400 level course)	3
SENIOR YEAR FIRST SEMESTER	
NURS 361 Medical-Surgical Nursing II	3
NURS 361C Medical-Surgical Nursing II Clinical	2
NURS 410 Leadership and Management in Health Care	3
NURS 461 Pediatric Nursing or NURS 460 Maternity and Newborn Nursing	3
NURS 461C Pediatric Nursing Clinical or NURS 460C Maternity and Newborn Nursing Clinical	2
NURS 330 Nursing Research and Evidence-Based Practice	3
SENIOR YEAR SECOND SEMESTER	
NURS 460 Maternity and Newborn Nursing or NURS 461 Pediatric Nursing	3
NURS 460C Maternity and Newborn Nursing Clinical or NURS 461C Pediatric Nursing Clinical	2
NURS 420 Community and Public Health Nursing	3
NURS 420C Community and Public Health Nursing Clinical	2
NURS 480 Nursing of Older Adults	3
NURS 491 Senior Practicum Seminar	1
NURS 491C Senior Clinical Practicum	2
NURS 492 NCLEX Preparation	1
TOTAL MAJOR CREDITS	67

Table III.C.3
RN-BSN Program Nursing Courses

REQUIREMENTS	CREDITS
Total Nursing Transfer Credits	32
NURS 310 Advanced Health Assessment	2
NURS 310L Advanced Health Assessment Lab	1
NURS 320 Health Promotion, Policy, and Politics	3
NURS 325 Contemporary Issues in Nursing and Health Care	3
NURS 330 Nursing Research and Evidence-Based Practice	3
NURS 415 Pharmacology and Complementary/Alternative Therapies	3
NURS 410 Leadership and Management in Health Care	3
NURS 420 Community and Public Health Nursing	3
NURS 420C Community and Public Health Nursing Clinical	2
NURS 430 Emergency Nursing and Illness Prevention	3
NURS 450C RN Clinical Preceptorship	3
NURS 490 RN Capstone	3
Total Nursing Credits	32
General Education Course Credits	64
Associates Degree or Diploma Nursing Transfer Credits	32
RN-BSN Courses	32
Total Major Credits	128

During the first semester of the junior year, the nursing students take the foundations courses where they learn beginning level nursing theory, basic nursing skills, basic health assessment, and pharmacology. During their health assessment course, they are introduced to their first clinical experience with patients in a nursing home. Juniors also take a health promotion, policy, and politics course to begin seeing how the health care system functions.

During the junior year, second semester, nursing students begin their first courses that examine common pathological health deviations. They take Medical-Surgical Nursing I in which they learn about nursing care of the pulmonary, cardiovascular, gastrointestinal, renal, and integumentary systems. They also learn about diabetes and fluid and electrolyte balance in this initial course. In addition, students take their psychiatric and mental health nursing course in this semester. Both of these courses are accompanied by clinical rotations. During this semester, students take an advanced health assessment course which further extends knowledge from the basic health assessment course to learning about history taking and the physical assessment of common health deviations. Essential nursing content is repeated in the

curriculum at a more complex level as students progress through the curriculum. They also take a course in comprehensive nursing skills that extends their knowledge of basic nursing technologies to critical care skills, such as EKGs, blood administration, central venous catheter care, tracheostomy care, ostomy care, and intravenous catheter insertion techniques.

The senior year, first semester continues with Medical-Surgical Nursing II, which covers the more complex musculoskeletal, immune, reproductive, endocrine, and neurological systems. This course also covers perioperative care, pain, and stress reduction. During this semester the students take their nursing research and evidence-based practice course and also their leadership and management course. They either take pediatrics or maternity nursing during this semester.

For the final semester, senior year, the students take either their maternity or pediatric rotation. They also go out into the community to study home health and public health care. They take a senior-level course, Nursing of Older Adults, which covers more advanced topics such as geriatrics, long term care and rehabilitation, end-of life care, cancer, critical care, and emergency nursing. In this course students critically analyze case studies of advanced patient care nursing situations. The Senior Clinical Practicum is conducted during the last semester senior year, when students perform a clinical rotation in an intermediate intensive care or telemetry unit and work with more than one patient to develop leadership and time-management skills and to provide patient care to a group of patients. In the senior practicum seminar students prepare for the issues of entry into practice. Students also attend an NCLEX-RN preparation seminar during their last semester, senior year, to help them review concepts that they have learned throughout their nursing program.

Every nursing course emphasizes the curriculum threads of caring, evidence-based practice, critical thinking, diversity, information technology systems, and safe and competent patient care. Concepts taken from the Program's terminal expected learning outcomes are also integrated into nursing courses, where appropriate. For example, the various roles of the nurse as a provider, patient advocate, educator, and counselor are taught in the medical-surgical, psychiatric, pediatric, maternity, and community health courses. The higher level roles of a nurse as a designer/coordinator/manager of care are taught in the leadership and management course and the senior clinical practicum course.

The BSN curriculum also builds upon theory and application of the nursing process. The nursing process is a problem-solving framework for all nurse-client/patient interactions. This systematic method for providing care is composed of five interrelated phases: assessment, nursing diagnosis, planning patient goals and outcomes, implementation, and evaluation. As the student progresses through the program, s/he is expected to use the nursing process in planning and providing care for clients who have increasingly complex problems in a diversity of settings. The students are introduced to the nursing process in NURS 117 Foundations for Nursing Practice. They learn beginning assessment skills in NURS 262 Introduction to Health Assessment. In NURS 362 Advanced Health Assessment, students are presented with nursing situations where they learn how to assess for health deviations and to formulate nursing diagnoses. Students learn skills necessary for the implementation of the nursing process in NURS 117L Foundational Skills for Nursing Practice Lab and NURS 417L Comprehensive Nursing Skills Lab. The theory courses in medical-surgical, psychiatric, maternity, and pediatric nursing are taught using the nursing process as a framework for the presentation of nursing concepts. While in the clinical hospital settings, students are required to write nursing care plans on selected patients. In the theory course, NURS 480 Nursing of Older Adults, students present nursing case studies and learn to critically evaluate care plans that they have designed. During NURS 491C Senior Clinical Practicum, students use the nursing process to care for and design nursing care plans for patients with multisystem complex nursing diagnoses.

III-D. Teaching-learning practices and environments support the achievement of expected individual student learning outcomes and aggregate student outcomes.

Elaboration: Teaching-learning practices and environments (classroom, clinical, laboratory, simulation, distance education) support achievement of expected individual student learning outcomes identified in course, unit, and/or level objectives.

Program Response:

For the pre-licensure BSN program and the RN-BSN program, a variety of effective teaching-learning practices and supportive environments provide opportunities for students to demonstrate behaviors consistent with course objectives and program expected student outcomes. One of the most common teaching-learning practices and environments are **didactic lectures** whereby faculty and guest lecturers share their knowledge of current research and clinical knowledge within the classroom setting. Trinity nursing classes are small and range from 6 (for some clinicals) to 32 students per class. To facilitate learning, Trinity has

state-of-the art Smart technology and large-screen computer monitors in classrooms, readily available for presentations incorporating technology, and all classrooms have internet reception. Some of the courses, such as the RN Capstone and the Senior Practicum Seminar course, are taught with a **seminar** approach, engaging students in group discussions. Students have the opportunity to express themselves and think critically through issues presented to them by faculty. **On-line Forums** for these courses are also posted in Trinity's Learning Management Moodle system so that the students have the opportunity to communicate their thoughts in writing and join discussions with other students. Students take **field trips** to Capitol Hill in Washington DC to attend health-care related congressional hearings.

Clinical Rotation Sites

The School of Nursing and Health Professions has many active affiliation agreements with clinical partners throughout the District of Columbia and Greater Washington region. These agreements are reviewed and updated annually, and new sites are added on a regular basis. Our number of affiliation agreements is steadily increasing as the Dean, Director, and Nursing faculty make contacts in the community and as the program's enrollments grow. The program currently uses 32 clinical sites for clinical education. Our metropolitan area provides for a rich and diverse source of clinical agencies, and students from our University are well-received. Our campus is located two blocks from two major teaching hospitals that are among the top major referral centers in the world. As with many nursing programs, we are seeking to increase our pediatric and maternity clinical rotation sites as our program grows. Currently, Trinity students are enrolled in 25 hospital clinical rotations in 13 different prominent acute-care and rehabilitation hospitals in the area of the nation's capital. (See Appendix O for clinical rotation list.) These hospitals are listed in Table III.D.1. Students also learn the practice of community, public health, psychiatric, and maternal-child nursing in many community settings, as listed in Table III.D.2.

Table III.D.1
Hospital Clinical Rotation Sites

Hospital	Classification	Specialties used by Trinity Students
Children's National Medical Center	Acute Care	Pediatrics
Hospital for Sick Children National Medical Center	Rehabilitation	Pediatric Rehabilitation and ventilator-dependency care
Howard University Hospital	Acute Care	Medical-Surgical and Maternity and Newborn
Laurel Regional Hospital	Acute Care	Medical-Surgical and Psychiatric
National Rehabilitation Hospital	Rehabilitation	Adult Rehabilitation and ventilator-dependency care
Prince George's Hospital Center	Acute Care	Psychiatric
Providence Hospital	Acute Care	Medical-Surgical
Sibley Memorial Hospital	Acute Care	Medical-Surgical and Maternity and Newborn
St. Elizabeth's Hospital	Acute Care	Psychiatric
St. Thomas Moore Nursing	Rehabilitation and Nursing Home Center	Rehabilitation and Nursing Home
The Specialty Hospital of Washington	Rehabilitation	Adult Rehabilitation and ventilator-dependency care
Washington Hospital Center	Acute Care	Medical-Surgical Nursing
Washington Veterans Administration Medical Center	Acute Care	Psychiatric

Table III.D.2
Community Clinical Rotation Sites

Hospital or Clinic	Location	Courses Taught Here
Arlington Free Clinic	Arlington, Virginia	NURS 420C Community and Public Health Nursing Clinical
Armed Forces Retirement Home	Washington, DC	NURS 420C Community and Public Health Nursing Clinical
Capitol Health Management Services, Providence Hospital DePaul Building	Washington, DC	NURS 420C Community and Public Health Nursing Clinical
Community of Hope	Washington, DC	NURS 420C Community and Public Health Nursing Clinical
Community Multi-Service	Silver Spring, MD	NURS 420C Community and Public Health Nursing Clinical
District of Columbia Health Resources Partnership	Washington, DC	NURS 420C Community and Public Health Nursing Clinical
DC Department of Disability	Washington, DC	NURS 420C Community and

Hospital or Clinic	Location	Courses Taught Here
Services		Public Health Nursing Clinical
DC Department of Health	Washington, DC	NURS 420C Community and Public Health Nursing Clinical
Family Health and Birth Center	Washington, DC	NURS 460C Maternity and Newborn Nursing
Government of DC Department of Mental Health Comprehensive Psychiatric Emergency Program	Washington, DC	NURS 360C Psychiatric and Mental Health Nursing
Healthy Babies Project	Washington, DC	NURS 460C Maternity and Newborn Nursing
IONA Senior Services	Washington, DC	NURS 420C Community and Public Health Nursing Clinical
Joseph House	Washington, DC	NURS 420C Community and Public Health Nursing Clinical
Mary's Center for Maternal and Child Care	Washington, DC	NURS 460C Maternity and Newborn Nursing
Metro Homes	Washington, DC	NURS 420C Community and Public Health Nursing Clinical
Midwifery Care Associates	N. Bethesda, MD	NURS 460C Maternity and Newborn Nursing
My Own Place	Washington, DC	NURS 420C Community and Public Health Nursing Clinical
Perry Family Health Center	Washington, DC	NURS 420C Community and Public Health Nursing Clinical
SEEC (Seeking Equality, Empowerment, and Community for People with Developmental Disabilities)	Washington, DC	NURS 420C Community and Public Health Nursing Clinical
Unity Healthcare	Washington, DC	NURS 420C Community and Public Health Nursing Clinical
Ward and Ward	Washington, DC	NURS 420C Community and Public Health Nursing Clinical
Whitman Walker Clinic	Washington, DC	NURS 420C Community and Public Health Nursing Clinical
Whitman Walker Day Program	Washington, DC	NURS 420C Community and Public Health Nursing Clinical

Another teaching-learning environment highly effective in supporting students in reaching expected student outcomes is the Nursing Program's **skills laboratory**. In Fall 2010, Trinity updated the laboratory to include more manikins and equipment for the Comprehensive Nursing Skills course., which teaches more acute care skills practiced by nurses in critical care and emergency settings. A few examples of the equipment added to the laboratory are listed as follows:

- Deluxe patient care simulator
- Geriatrics advanced manikin
- Surgical Sally Bandaging Simulator
- Heart and Lung Sound simulator
- Chester Chest Central Venous Catheter manikin
- 12 channel ECG machine with interpretation
- Simulated code Drug Sets
- Convalescent Kelly Mannequin
- Tracheostomy tubes with disposable inner cannulas
- IV catheters, central line catheters, Foley tubes
- PICC Lines
- Masks and adult resuscitators
- Chest drainage units
- Demo dose Insulin bundles

During the Fall 2011 Trinity began a partnership with the Children's National Medical Center (CNMC) whereby Trinity nursing students started attending practice sessions in their hospital **simulation learning laboratory**. Trinity has had similar offers from local adult hospitals with simulation learning laboratories and is in the process now of pursuing such partnerships.

III-E. The curriculum and teaching-learning practices consider the needs and expectations of the identified community of interest.

Elaboration: Teaching-learning practices are appropriate to the student population and build on prior learning. Teaching-learning practices consider the needs of the program-identified community of interest (e.g., use of distance technology, simulation, adult learner needs, second language students).

Program Response:

Faculty consider the needs and expectations of the community of interest when implementing teaching-learning practices and designing curriculum. Program administrators have recently met with several nearby hospitals, including the Washington Hospital Center (WHC), Children's National Medical Center (CNMC), and Howard University Hospital (HUH) to discuss their needs for the education of current and future nurses. The Director also meets monthly with the DC Organization of Nurse Executives and frequently solicits feedback from the local hospitals regarding how nursing schools can better teach students in order to prepare them for entry into practice. The Director recently presented a paper with the nursing education staff of Georgetown University Medical Center on how nursing schools can better prepare students for entry into professional practice. Many ideas for curriculum changes were obtained from the relationship and preparation of the paper, including refining a course, NURS 491C Senior

Clinical Practicum, that will better prepare the graduating seniors for the transition to their professional nursing role.

Trinity's relationships with local communities depend on proximity as well as other networks. For instance, Trinity has the good fortune of being located two blocks from two of the most prominent medical and international referral centers in the world. The Nursing Program currently has a relationship with the Washington Hospital Center to educate their RN-BSN students at a reduced tuition rate. Trinity students are also included in summer student extern programs with several local hospitals

In response to other community interests and in light of student needs, Trinity makes particularly concerted efforts to serve the needs of the working adult learner with limited time. The University has responded by using tools such Moodle, Trinity's online course management system. Two nursing faculty are designing hybrid courses for the BSN and RN-BSN programs. To ensure response to student needs, when appropriate, Trinity has developed a small survey for graduating RN's, and this has helped determine relevant opportunities for supplementing instruction online. The Nursing Program will offer its revised hybrid courses in the Spring 2012.

Currently Trinity offers all pre-licensure BSN courses every semester and offers each course at two different times – one course as a day class and also the same course as an evening or weekend class - in order to accommodate students in both the College of Arts and Sciences and the School of Professional Studies. Each semester, the Director surveys students prior to designing the schedule of nursing classes so that this data can inform scheduling didactic and clinical courses: this reified the need to offer evening and weekend clinicals, with Sunday clinicals offered effective Fall 2011. Trinity also offers some of the nursing courses in the summer semester, taught by faculty 12-month appointments. The Graduate Exit Survey (Appendix J) and Moodle course evaluations conducted at the end of every semester also provide feedback for how teaching-learning practices may need to be changed. At the end of each semester, the faculty complete a course report (Appendix P) informing the Director of the performance of students and whether or not they have recommendations for change.

Nursing faculty and administrators and the University administrators attend conferences regularly to discuss the state of nursing in the healthcare system, the needs of professional nurses, and the staffing and knowledge needs of hospitals and community health agencies.

The Director, Dean, and executive administrators actively seek input from Trinity's Nursing Program Advisory Council in planning curriculum and in teaching/learning. Further, the Dean, Director, and faculty have received input from local health care facilities that has led us to make changes in our curriculum. In particular, administrators and faculty realize that the Washington, DC area is increasingly diverse culturally, both within the patient population and among the nursing workforce. To that end, the Nursing Program includes diversity as a continuous curricular thread. Trinity also offers courses in Intercultural Communication COM 225, and Spanish for the Workplace SPAN 103.

Other curricular changes reflect an institutional and community commitment to enhancing Nursing education. The CAS and SPS deans are regularly searching for courses that will serve as helpful general education electives for nursing students. One such popular elective is Conflict in the Workplace. Furthermore, local hospitals are requesting that Trinity train our BSN students to use evidence-based practice and to develop their critical thinking skills, so these are no curricular threads. The changes in technology in the workplace mandate a new focus in preparing nursing students, and thus information technology systems is in place as another curricular thread. For instance, students visit a local hospital electronic medical record training prior to working in the clinical areas. Faculty and administrators also ensure that courses cover the skills needed to perform advanced nursing technologies. In particular, students study 12-lead ECG skills and interpretation, mechanical ventilation skills, intravenous central line care, intravenous insertion and blood drawing, chest-tube, emergency care, and shock-trauma skills. Trinity's proximity to two of the world's foremost Level I trauma centers, MedSTAR at the WHC, with multiple critical care units, provides invaluable resources for students, as does the Children's National Medical Center (CNMC). Additionally, the CNMC has a 54-bed level III C neonatal intensive care unit. Students perform their pediatric and adult clinicals at these major research hospitals, and Trinity plans to supplement students' experiences with access to the critical care units for their senior practicum experiences.

In further support of concentrated interface with communities of interest, Trinity's Student Nurses Association actively invites recruiters and speakers from local health care agencies and organizations to present on relevant topics to Trinity's students and professors. Knowing local hospitals' needs has helped the Director and faculty to improve the curriculum and teaching-learning practices.

III-F. Individual student performance is evaluated by the faculty and reflects achievement of expected individual student learning outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.

Elaboration: Evaluation of student performance is consistent with expected individual student learning outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. There are processes by which the evaluation of individual student performance is communicated to students. Student performance is evaluated by faculty. In instances where preceptors facilitate students' clinical learning experiences, faculty may seek input from preceptors regarding student performance, but ultimately faculty is responsible for evaluation of individual student learning outcomes. The requirement for evaluation of student clinical performance by qualified faculty applies to all students, including those enrolled in post-master's DNP programs. CCNE recognizes that faculty evaluation of student clinical performance may be accomplished through a variety of mechanisms.

Program Response:

Grading criteria and evaluation systems are defined for all students and communicated via University web sites as well as through individual course syllabi. The Nursing Student Handbook includes the program's grading scale and is published online. The course syllabi are detailed and provide grading and evaluation information as it applies to the respective course. Faculty evaluates students in each course through a variety of methods. Course objectives and evaluation methods become increasingly more complex as the students progress through the program. The following table, III.F.1, shows examples of how expected individual learning outcomes are measured in the Nursing Program. Grading rubrics available in the Exhibit Room suggest the measurement tools in place for assessing learning outcomes in the various domains of learning. Nurses must learn psychomotor, cognitive, and affective skills, and the Nursing Program has tools to measure outcomes in all of these areas. The Clinical Performance Progress Record (copy in Exhibit Room) measures the students' caring behaviors, communication skills, math skills, technical skills, leadership skills, and professional behaviors. Other performance indicators are quantitative results of student performance on formal written papers, community surveys, group projects, power point presentations, on-line Moodle discussions, patient care plans, interviews, oral persuasive presentations, mock meetings, registered nurse portfolios, and attendance at congressional hearings. The grading rubrics measure writing, math, oral presentation, and group dynamics skills.

Table III.F.1
Measurement of Expected Individual Learning Outcomes in the BSN Nursing Program

Nursing Course	Sample Expected Individual Learning Outcome	Sample Learning Activities	Methods of Evaluation	Learning Domain
NURS 117 Foundations for Nursing Practice	Discuss the principles of therapeutic communication and techniques used for interacting with clients.	Classroom discussions	Quizzes Exams Results of ATI testing	Cognitive Defining Discussing
NURS 117L Foundational Skills for Nursing Practice	Demonstrate psychomotor and technical competency in performing the selected nursing skills & procedures.	Skills Videos Power point lectures Demonstrations Practice with patient care simulators	Skills demonstrations and check-off lists	Psychomotor Technical nursing bedside skills Computing Demonstrating
NURS 220 Health Promotion, Politics, & Policy	Identify the economic, legal, regulatory processes and political factors that influence professional nursing practice and health care delivery.	Attendance at legislative health hearing on Capitol Hill	Congressional/DC Council Hearing Synopsis: Health Policy Individual Progress report on Group Project Health Policy Issue/Option Group Project Opinion-Editorial to a Newspaper Oral Persuasive Presentation, Mock Meeting	Cognitive Discussing Analyzing
NURS 262 Introduction to Health Assessment	Define the tools and scales used in the assessment of pain as the fifth vital sign.	Vital Signs Pain Assessment Basic patient assessment in nursing home	Laboratory Demonstrations Quizzes	Psychomotor Basic physical assessment
NURS 330 Introduction to Research and Evidenced-Based Practice	Analyze nursing research and demonstrate the ability to critique nursing research	Student comparisons of qualitative and quantitative research articles	Papers, tests, debates, group participation	Cognitive Describing Analyzing
NURS 350C Medical-Surgical Nursing I Clinical	Develop, implement, and evaluate care for individuals with recognition of pathophysiologic influences using appropriate criteria and incorporate into care plans	Comprehensive Patient care provided to one patient	Clinical Evaluation Tool	Psychomotor Cognitive Affective Assessing Planning Implementing Evaluating

Nursing Course	Sample Expected Individual Learning Outcome	Sample Learning Activities	Methods of Evaluation	Learning Domain
NURS 360 Psychiatric/Mental Health Nursing	Discuss principles of group process and group dynamics for interacting with clients with behavioral disorders and their families.	Lecture, Power Point Presentation, Small Group Discussion, Guided Activities, Case Studies, quizzes and examinations	Exams Papers Quizzes Class participation	Cognitive Affective Describing Discussing Assessing Planning
NURS 360C Psychiatric/Mental Health Nursing Clinical	Demonstrate principles of group process and group dynamics when interacting with clients and their families	Group leader for psychiatric in-patients One-on one counseling with Psychiatric inpatients	Student Evaluation based on Clinical Evaluation Tool	Cognitive Affective Discussing feelings and values Intervening Evaluating
NURS 362L Advanced Health Assessment Lab	Apply physical exam and health assessment techniques to evaluate the older adult, pediatric, and obstetric patient	Listening for Heart sounds and Lung sounds Health history taking	Performance on head-to-toe assessment	Psychomotor Advanced physical assessment skills
NURS 410 Leadership and Management in Healthcare	Compare and contrast different reimbursement methods and their incentives to control costs	Debate APA Formal Paper Internet Moodle forum discussions	Grade on Paper Grade on debate performance	Affective Discussions of feelings about leadership styles Cognitive Evaluating Arguing Psychomotor Writing skills Speaking skills
NURS 420 Community and Public Health Nursing	Interpret basic epidemiological, demographic, and statistical measures of community health	Group Assignment: Community Windshield Survey	Community Windshield Survey Group Presentation	Cognitive Evaluating and analyzing a community
NURS 491C Senior Clinical Practicum	Coordinate care of clients and their families with other members of the health care team.	Comprehensive nursing care and coordination of care provided to a group of patients or one critical care patient	Evaluation of nursing written documentation skills, communication, and organizational skills in managing a group of patients	Psychomotor Advanced bedside nursing skills Cognitive Utilizing critical thinking skills
NURS 492 NCLEX Preparation	Identify test-taking strategies appropriate for the NCLEX exam	ATI in-class and on-line practice test-taking skills	Instructor checks on-line to determine if students are taking practice tests	Psychomotor Test-taking skills

Nursing Course	Sample Expected Individual Learning Outcome	Sample Learning Activities	Methods of Evaluation	Learning Domain
RN-BSN Course NURS 430 Emergency Nursing and Illness Prevention	Differentiate the signs and symptoms of common illnesses seen in the community	Power point lecture presentations, discussions, case studies, community field trip	Class participation, quizzes, exams	Cognitive Critical thinking Evidence-based practice
RN-BSN Course NURS 415 Pharmacology & Complementary/Alternative Therapies	Describe complementary/alternative therapies and how they relate to cultural, ethnic, and religious diversity	Case study presentations Demonstrations Skills Practice	Quizzes, exams, Return demonstrations and skills check-off lists	Affective Cognitive Psychomotor Skills in touch healing, massage, caring exercises
RN-BSN Course NURS 490 RN Capstone	Utilize appropriate principles of teaching and learning and a minimum of one form of electronic media in implementing a professional class presentation	Formal power point lecture presentation to a nursing class Personal presentation to class on nursing theory that guides one's practice	Grade for evidence-based practice class presentation Submission of APA formal paper for publication Written career goals and objectives	Cognitive Critical Thinking and analysis of research and evidence-based practice Affective Discussions of Caring and nursing situations Psychomotor: Power point and internet Technology and Writing skills

III-G. Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement.

Elaboration: Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of individual student learning outcomes. Such evaluation activities may be formal or informal, formative or summative. Curriculum is regularly evaluated by faculty and other communities of interest as appropriate. Data from the evaluation of curriculum and teaching-learning practices are used to foster program improvement.

Program Response:

The Dean, Director, and Nursing faculty have developed and implemented a plan for the evaluation of the Nursing program, and this plan provides for student input. The expected learning outcomes are evaluated using performance indicators. Assessment findings are used to improve student learning. Appendix Q shows exemplars of congruence between baccalaureate expected learning outcomes, pre-licensure BSN Courses, course objectives, performance indicators, assessment results, and use of assessment data. Appendix Q also lists many of the planned courses of action for program improvement. The Program uses many performance indicator tools to assess expected student learning outcomes. The Nursing Total Program Evaluation Plan summarized in Appendix H illustrates how the curriculum, students, faculty, administration, organization, and environment of the nursing program are evaluated. The following tools and methods are used to evaluate curriculum and teaching-learning practices:

Moodle Course Evaluations

Students evaluate their courses at the end of their course work using a Moodle online Trinity Course Evaluation standard to the institution, although faculty may also develop questions specific to their courses. The standard online evaluation has 32 questions and a 5-point Likert Scale. Students also have a section of the evaluation where they can write in comments and suggestions.

Clinical Facility Evaluation Tool

Both students and faculty have the opportunity to evaluate their clinical facilities using the Clinical Facility Evaluation Tool.

Clinical Site Evaluation of Students and Faculty Survey

The clinical facilities have the opportunity to evaluate the Trinity students and faculty by way of completing the Clinical Site Evaluation of Students and Faculty Survey (Appendix I).

Faculty Course Reports

Faculty has the opportunity to report on the performances of their students and to evaluate their lecture and clinical courses in order to submit feedback for change to the Director

Clinical Performance Progress Report

Clinical evaluations provide the Director with an indication of how the students as a whole are performing in the clinical settings. The Clinical Performance Progress Record measures the students' caring behaviors, communication, math skills, technical skills, leadership skills, and professional behaviors.

Committee on Students

Class representatives to the Committee on Students present to the Committee, Dean, and Director of the Nursing Program any student issues or recommendations for change in curriculum and courses.

ATI Comprehensive Assessment and Review Program (CARP)

Over the past three years, the Nursing program has been implementing the ATI Comprehensive Assessment and Review Program (CARP). The students take standardized tests at the end of specified nursing courses, such as at the ends of the pediatrics and community health courses, in cases for which there are ATI tests that relate to the content taught. They also take a comprehensive test at the end of the Nursing Program. The ATI program provides a focused student remediation resource and also an academic measuring tool that identifies potential problems in the nursing curriculum and course content. Student progress and performance can be evaluated in comparison with national trends. The ATI tests are also used to measure pre- and post-nursing program critical thinking skills.

Nursing Program Advisory Council Feedback

The Advisory Council is provided with Trinity's curriculum plan and courses and given the opportunity to provide constructive criticism and feedback regarding the course offerings in the Nursing Program.

The Nursing Program Director and faculty use student outcome data collected with the tools above to make curricular and programmatic changes.

Table III.C.2
Course Sequence of Pre-Licensure BSN Program

JUNIOR YEAR FIRST SEMESTER	
COURSE	CREDITS
NURS 117 Foundations for Nursing Practice	3
NURS 117L Foundational Skills for Nursing Practice Lab	1
NURS 220 Health Promotion, Policy, and Politics	3
NURS 262 Introduction to Health Assessment	3
NURS 215 Pharmacology	3
Upper Division General Education Elective (300 or 400 level course)	3
JUNIOR YEAR SECOND SEMESTER	
NURS 350 Medical-Surgical Nursing I	3
NURS 350C Medical-Surgical Nursing I Clinical	2
NURS 360 Psychiatric and Mental Health Nursing	3
NURS 360C Psychiatric and Mental Health Nursing Clinical	2
NURS 362 Advanced Health Assessment	2
NURS 362L Advanced Health Assessment Lab	1
NURS 417L Comprehensive Nursing Skills Lab	1
Upper Division General Education Elective (300 or 400 level course)	3
SENIOR YEAR FIRST SEMESTER	
NURS 361 Medical-Surgical Nursing II	3
NURS 361C Medical-Surgical Nursing II Clinical	2
NURS 410 Leadership and Management in Health Care	3
NURS 461 Pediatric Nursing or NURS 460 Maternity and Newborn Nursing	3
NURS 461C Pediatric Nursing Clinical or NURS 460C Maternity and Newborn Nursing Clinical	2
NURS 330 Nursing Research and Evidence-Based Practice	3
SENIOR YEAR SECOND SEMESTER	
NURS 460 Maternity and Newborn Nursing or NURS 461 Pediatric Nursing	3
NURS 460C Maternity and Newborn Nursing Clinical or NURS 461C Pediatric Nursing Clinical	2
NURS 420 Community and Public Health Nursing	3
NURS 420C Community and Public Health Nursing Clinical	2
NURS 480 Nursing of Older Adults	3
NURS 491 Senior Practicum Seminar	1
NURS 491C Senior Clinical Practicum	2
NURS 492 NCLEX Preparation	1
TOTAL MAJOR CREDITS	67

Table III.C.3
RN-BSN Program Nursing Courses

REQUIREMENTS	CREDITS
Total Nursing Transfer Credits	32
NURS 310 Advanced Health Assessment	2
NURS 310L Advanced Health Assessment Lab	1
NURS 320 Health Promotion, Policy, and Politics	3
NURS 325 Contemporary Issues in Nursing and Health Care	3
NURS 330 Nursing Research and Evidence-Based Practice	3
NURS 415 Pharmacology and Complementary/Alternative Therapies	3
NURS 410 Leadership and Management in Health Care	3
NURS 420 Community and Public Health Nursing	3
NURS 420C Community and Public Health Nursing Clinical	2
NURS 430 Emergency Nursing and Illness Prevention	3
NURS 450C RN Clinical Preceptorship	3
NURS 490 RN Capstone	3
Total Nursing Credits	32
General Education Course Credits	64
Associates Degree or Diploma Nursing Transfer Credits	32
RN-BSN Courses	32
Total Major Credits	128

Summary and Program Strengths of Standard III

Trinity's historic commitment to excellence in teaching and learning, combined with a dedication to an innovative and on-point curriculum serving students who in turn serve their communities, finds new life in the Nursing Program. Administrators and faculty dedicate time and energy to working across collegiate units so that every Trinity Nursing student has coursework that integrates the liberal arts, practical and applied sciences, and established curricular initiatives, all addressing specific institutional and programmatic goals. Taking advantage of a relatively small size, Nursing faculty and administrators engage in consistent dialogue not only with the collegiate units providing the general education for Nursing students, but also with local community members, whether those on the Nursing Program Advisory Council or those leading health care facilities in the District.

The Nursing program's emphasis on quality teaching and learning is clear in the very specific curriculum that crosswalks AACN standards with Trinity's courses, whether in the pre-licensure or RN to BSN courses. Additionally, multiple tools are in place to assess both students' and faculty members' awareness of current trends and needs. Ongoing professional development for faculty complements opportunities afforded to students studying in the Nation's capital.

Recognizing a long-standing commitment to serve the local community, and remaining aware of student as well as that community's needs, Trinity schedules and delivers courses in times and formats that address diverse challenges, particularly for students whose work and family responsibilities make the traditional educational delivery challenging. Whether providing all courses both in day and evening/weekend time slots or adjusting delivery so that hybrid courses can facilitate learning when appropriate, Trinity's faculty and administrators attend to indirect and direct data in order to ensure a current and comprehensive course of study that addresses local and national needs for a 21st century health care system.

- The revised curricula of the BSN and RN-BSN programs are clearly defined and include statements about student learning outcomes, congruence with the Trinity mission, and evidence of meeting professional nursing standards and the requirements of the community of interest.
- In response to conversations with and requests from community members and regulatory agencies, the Program developed and added a new Nursing of Older Adults course to the pre-licensure curriculum. Evidence-based practice was added to the nursing research course, and a senior clinical practicum and seminar were added to the final semester senior year.
- The pharmacology course was moved from being a pre-requisite course to becoming a first semester junior level nursing course.
- The RN-BSN curriculum was revised to more closely meet new AACN professional nursing standards. A contemporary issues course, emergency nursing and illness prevention course, and a pharmacology and complementary/alternative therapies course were added to the RN-BSN curriculum.
- All clinical courses are repeated every semester and are offered on evenings, days, Saturdays, and Sundays. All clinical courses are offered in the Summer session, but on a more limited basis.

- Lecture courses are repeated every semester and are offered twice in the schedule, both in the evening or weekend and during the day time, to accommodate both the working adult and traditional daytime student.
- The University continues to support Moodle, Trinity's Learning Management System since 2009, and this virtual learning space that houses Trinity's web-enhanced classrooms.
- Modern classrooms include large computer screens for PowerPoint lectures and videos that enhance practical and didactic instruction.
- The courses in the Nursing Program are organized so that beginning courses build knowledge necessary for the later courses. The curriculum progresses in a logical, sequential order with increasing complexity. Essential nursing content is repeated in the curriculum at a more complex level as students progress through the curriculum.
- The faculty has developed and refined a clinical performance progress record and many new grading rubrics.
- Trinity continues to build on dynamic partnerships within the community and to use a variety of teaching-learning strategies and clinical experiences throughout the program.
- The new caring philosophy and curricular threads of caring, evidence-based practice, critical thinking, diversity, information technology systems, and safe and competent patient care are integrated into every nursing course.
- Faculty has received high ratings by students, both through course evaluations and as evidenced in the graduate surveys, showing a strong commitment to mentorship and role modeling for a student population with many educational needs.

Areas for Improvement and Future Plans for Standard III	
Areas for Continuous Improvement	Future Plans for Quality Improvement
A hybrid on-line program needs to be developed for the RN-BSN program with course offerings consolidated to be held on specific days of the week.	The Nursing program is piloting hybrid courses and speaking to the community of interest to determine scheduling needs of the RN-BSN students
The new caring philosophy and curricular threads have yet to be integrated into every course syllabus.	The Director continues to meet with each faculty member to revise his/her course syllabi.
A content map of the entire curriculum has not	While the medical-surgical nursing courses

Areas for Improvement and Future Plans for Standard III	
Areas for Continuous Improvement	Future Plans for Quality Improvement
yet been done.	have had content mapping, the Director still needs to examine the rest of the curriculum content.
Each course needs to be examined regarding integrating preparation for essential content needed for NCLEX-RN exam testing.	The faculty continues to discuss ways in which to help the students improve test taking skills in order to begin early with NCLEX-RN exam preparation.
Ways to improve student performance on the NCLEX-RN exam need continual attention.	The Dean and Director are exploring ways for outside vendors to present NCLEX-RN review courses immediately before or after graduation. Recommending good NCLEX-RN review books for students and ensuring that Trinity provides access, when possible, to such materials are important strategies. To support faculty's own awareness of NCLEX-RN review, Trinity continues to explore purchasing review books for faculty; many are already in place.
Students need nursing math remediation at every level of learning.	Math faculty and instructional specialists continue to work with Nursing faculty and administrators to integrate nursing math questions into every nursing course that has a clinical component.
Students need continual attention to reading, scholarly writing, and public speaking and presentation skills.	The Director has ensured that students have the opportunity for class presentations and the opportunity to produce scholarly papers in many of the nursing courses.
More faculty training and support, especially of the adjunct professors, is needed.	The Nursing Program has hired a clinical coordinator to help the Director with the

Areas for Improvement and Future Plans for Standard III	
Areas for Continuous Improvement	Future Plans for Quality Improvement
	<p>training, support, and evaluation of adjunct professors in clinical settings. Trinity institutionally continues to provide opportunities for part-time and full-time faculty professional development and is in the process of a search for an Associate Dean of the School of Nursing and Health Professions.</p>

IV-A. Surveys and other data sources are used to collect information about student, alumni, and employer satisfaction and demonstrated achievements of graduates. Collected data include, but are not limited to, graduation rates, NCLEX-RN® pass rates, certification examination pass rates, and employment rates, as appropriate.

Elaboration: Processes are in place for regular collection of aggregate student outcome data. For entry-level programs, the program indicates whether NCLEX-RN® pass rate data represent first-time takers and/or repeat takers. The program is expected to demonstrate how RN-to-baccalaureate program graduates as well as pre-licensure graduates achieve the expected outcomes of the baccalaureate program. Certification pass rates are obtained and reported for those graduates taking each examination, even when national certification is not required to practice in a particular state. Program evaluation data are collected on a regular basis. For each degree program, the program calculates graduation rates (number of students completing a program divided by number of students entering a program). The program specifies the entry point and the time frame used in the calculation of graduation rates. Individual programs may collect additional aggregate outcome data related to other aspects of their mission, goals, and expected student outcomes (e.g., enrollment in further graduate education).

Program Response:

Just as Trinity sustains a commitment to excellent instruction that facilitates student learning, the University promotes an assessment-rich culture that continually uses relevant data sets to foster initiatives promoting student success. As data in Appendix J suggest, Trinity graduates enjoy tremendous success directly on point with the institution's and program's mission: to serve various communities by providing evidence-based care and ensuring that graduates overcome any academic or personal challenges as they become excellent health care providers (pre-licensure students) or build on their considerable practical experiences and strengthen their academic backgrounds (RN to BSN students). Indeed, graduates' success stories – including their successful employment and their performance on standardized tests such as the NCLEX – RN exam, attest to the significant difference a Trinity education makes for a population that has not always been well-served. Evidence suggests that students build on their considerable strengths while at Trinity, especially in professional caring behaviors, nursing technological skills, the nursing process, safe delivery of patient care, and professional accountability. Concomitantly, the evidence attests to students' needs, particularly in benefiting from dedicated faculty who address areas of underpreparedness that may characterize a student's background prior to admission to the program: math, critical thinking skills, and test-taking skills. Given the economic and educational backgrounds many nursing students bring to Trinity, the data as well as the work the faculty and administrators undertake in light of that data tell a powerful story of

how an institution collaborates to identify and build on students' strengths while helping them confront and overcome challenges.

Program Data Sources

The Dean and Director lead the nursing faculty in evaluating Trinity's BSN program, working with the academic administration and in the context of institutional assessment, to gather all relevant data points and to ensure a global understanding of students' backgrounds, including their secondary school preparation, their collegiate experience, and any other relevant information that may help focus Trinity's assessment efforts. Since the program's inception, a focus on graduation and NCLEX-RN passage rates – understandably important indicators – has been buttressed by close attention to assessment at the student, course, programmatic, and collegiate level. Faculty review data bi-annually, devoting special attention to established benchmarks and a sharp eye on areas Trinity has historically found as challenges for underserved students, especially those transferring from other institutions. The faculty unites in their commitment to evolving courses and resources to meet students' needs, whether through re-designing curricula or building specific support mechanisms such as tutoring workshops or mandating access to technological tools.

The Nursing Total Program Evaluation Plan (Appendix H) indicates the comprehensive review that includes information regarding current student, alumnae/l, and employer satisfaction. Data-gathering instruments include:

Nursing Graduate Exit Survey: taken in the final NCLEX preparation class, the survey affords students the opportunity to evaluate all aspects of and express satisfaction with their nursing program and university (Appendix J). Measures include:

- Degree of preparation in the liberal arts, nursing roles, caring, nursing knowledge, safety, technology, diversity, communication, professionalism, emergency nursing, leadership and management, critical thinking, and the nursing process.
- Identifying three most favored BSN courses and explaining rationale for this choice
- Identifying three BSN courses most needing change and explaining rationale
- Strengths of the nursing program
- Weaknesses of the nursing program
- Recommendations for improvement

- Satisfaction with academic advising, scheduling of classes, hospital and community clinicals, laboratory equipment, classroom space, textbooks, library resources and services, and Trinity campus facilities.

Nursing Alumnae/i Survey: administered a year after graduation to all alumnae/i (Appendix J).

Measures include:

- Place of employment
- Specialty areas within employment setting
- Degree of preparation of Nursing Program for employment
- Degree of preparation of curriculum for professional practice
- Changes recommended in the curriculum
- Satisfaction with theory, skills lab, and clinical courses
- Most positive aspects of Nursing Program
- Most difficult aspects of Nursing Program
- Recommendations for improvement
- Types of programs planned for graduate study

Nursing Program Employer Survey: administered to employers one-year post-graduation and provides employer perceptions of student and faculty performance (Appendix J): the small n (3) suggests that Trinity must continue to work with employers to gather and respond to data.

ATI Comprehensive Exam: intended to provide feedback to graduating seniors, the standardized, computer-based exam provides feedback about all areas of nursing.

Trending graduate performance on the NCLEX-RN Exam: acknowledging that many Trinity students bring very weak backgrounds in standardized testing and may struggle with critical thinking and quantitative literacy prior to enrolling in the Nursing program, the Dean reviews demographic data on nursing student admissions, time-to-degree graduation rates, and NCLEX-RN scores. Given the significant emphasis on first-time success in this test environment, the Dean works closely with the faculty to explore mechanisms for helping students strengthen their proficiencies as the NCLEX-RN exam measures them.

IV-B. Aggregate student outcome data are analyzed and compared with expected student outcomes.

Elaboration: Actual student outcomes data are analyzed in relation to expected student outcomes to identify areas of discrepancies. Discrepancies may indicate areas for program improvement.

Program Response:

Nursing faculty and administrators analyze actual student outcomes data in relation to expected student outcomes to identify areas of discrepancies. Since many Trinity students have not had significant exposure to traditional predictors for performance (particularly standardized testing), discrepancies between initial predictors and ultimate performance are not surprising. To that end, Trinity's administration and faculty work together and identify points where the predictors most likely signify a need for improvement. Appendix Q provides exemplars of congruence between baccalaureate expected learning outcomes, pre-Licensure BSN courses, course objectives, performance indicators, assessment results, and use of assessment data. Specific benchmarks, including the ATI RN Comprehensive Predictor, reveal that students actually pass the NCLEX-RN exam in rates exceeding standard predictions as derived from the ATI examination. In other words, the standard assessments ironically do not deliver data that correlate with actual and ultimate success, again not surprising given many students' unfamiliarity with standardized instruments. Faculty strive to increase students' familiarity and thus their ability in this area, since faculty are attenuated to this challenge, although in many cases a long history of underpreparedness presents obstacles not readily overcome, at least in standardized testing.

This evidence causes Trinity to re-view its original institutional benchmark -- that 100% of the students will score at a level of $\geq 84\%$ -88% predicted probability of passing the NCLEX-RN. For students who graduated in December 2010, 3 out of 7 students met the benchmark criteria. Of students graduating in May 2011, none met the benchmark criteria. Among the 35 December 2011 graduates, only one student (2.8%) met the institutional benchmark. However, 91.6 percent of students ultimately passed the NCLEX-RN exam: again, the predictor does not provide the most effective assessment of passing the test. Many students pursue additional exam "prep" post-graduation (including proprietary courses offered by Kaplan and Hurst), and Trinity recognizes the need to expose students to test preparation materials early on in the students' nursing courses. To that end, faculty and administrators will continue to identify the

most effective predictors and to devote resources to building these out in order to help students overcome actual challenges (such as difficulties with mathematics upon entry to the program). ATI-RN Comprehensive Predictor results and data analysis will be available on site in the Exhibit Room.

To some extent, students' challenges in taking predictor model instruments are not surprising. Students entering the nursing program take prerequisite courses to prepare them for a rigorous nursing program curriculum; prior to their acceptance into Trinity's program, they take the Test of Essential Academic Skills (TEAS) V. That data theoretically suggest students' levels of academic preparedness. Historically, students have sometimes struggled with performance on this instrument, a standardized, computer-based test given prior to admission to a cohort of students who may have little or no previous experience with such tests. Attempts to remediate this challenge appear to be trending positively: Trinity's most recent admitted class has a mean TEAS Individual Total Scores of 60.62%, which is within a proficient level and shows that the incoming Spring 2012 class is more qualified vis a vis this measure than the previously admitted class.

However, work remains to be done, and the instruments still deserve careful consideration in terms of their efficacy in predicting student success. The average scores in reading, math, science, and English all met the benchmark of not being less than 41.3 for the group, but when considered as individuals, many students fell below the benchmark. Only 45% of the Spring 2012 entering nursing students met Trinity's benchmark of 100% of admitted students being prepared at a proficient or higher academic preparedness level. Fifty percent of the students were prepared at a basic level. Also, 2% of admitted students were prepared at the developmental level.

The data clearly suggest that when Trinity's students enroll underprepared, they need strong attention from a faculty committed to assessment and remediation where appropriate. This is particularly evident in math, with math proficiency levels demonstrating the highest percentage of students at the developmental level (20%). Given that approximately 55% of entering junior nursing students bring a basic or developmental level of academic preparedness to the nursing curriculum, the faculty and administrators continue to collaborate with all resource providers at Trinity – instructional specialists (particularly in math and reading and writing); faculty; academic services providers (including those staffing the newly-launched Math Center which

complements the extant Writing Center) – to deliver resources to counter students' underpreparedness prior to their matriculation at Trinity, particularly at the high-school level or at institutions from which they transfer.

Trinity's RN to BSN students also confront challenges in their previous academic preparation. To that end, Trinity's faculty diligently prepare and in some cases help students overcome obstacles, especially those involving critical thinking assessment instruments as administered to RN-BSN students. These students have clear advantages and skill sets in their clinical and practical skills, but in many cases, their distance from traditional academic environments may compromise their test-taking ability: for instance, 54% of the RN-BSN students who graduated from 2007 to 2010 scored below the national mean on a standardized assessment. This figure rose in the following year, with 65% of the RN-BSN students scoring below the national mean in critical thinking.

Noting the expected student outcome benchmark for this category -- that 100% of students will demonstrate a level of Proficient on the ATI academic preparedness category with an individual total score $\geq 58.7\%$ and 0% of students will evidence a score of $<41.3\%$ (Developmental level) in reading, math, science, or English and language usage -- Trinity will identify which specific elements may lead to challenges in meeting this (admittedly ambitious) benchmark given student demographics. Analysis of the individual student reports reveals that students who have a native language other than English form the preponderance of those scoring below the mean. This data point along with the trend in critical thinking assessment scores lead to a more pronounced emphasis in threading critical thinking throughout the curriculum, along with consideration of TESOL workshops when relevant. Additionally, since many RN to BSN students transfer in courses, including from the ADN degree, it will be important to analyze individual transcripts to determine how best to assess students with a large number of transfer credits.

IV-C. Aggregate student outcome data provide evidence of the program's effectiveness in achieving its mission, goals, and expected outcomes.

Elaboration: The program reports aggregate data related to its expected outcomes. Reported data include student, alumni, and employer satisfaction; graduation rates; NCLEX-RN[®] pass rates; certification examination pass rates; employment rates; as well as data related to other program-identified expected outcomes.

Program Response:

Students clearly express satisfaction with their preparation in the Nursing Program, and evidence suggests the very real success they find in employment immediately following graduation. The established benchmark is that the Nursing Graduate Exit Survey will demonstrate that graduating seniors will have an average score of ≥ 3.5 in 11 of 14 surveyed areas. In fact, respondents had a group score of 3.5 or higher as expressed on a 5-point Likert scale from 1 (Not at all Prepared) to 5 (Extremely Well Prepared): 30 pre-licensure BSN students graduating in the Fall of 2011 rated their satisfaction with their preparation in 14 areas of the BSN program (See Appendix R). They scored from a low of 3.42 to a high of 4.37. Graduates reported feeling less prepared in the liberal arts, emergency nursing, and leadership and management, perhaps not surprising given that the students' final semesters focus on clinical and comprehensive experiences. Students report feeling "best prepared" in caring (4.37), followed by diversity and professionalism, attesting to the strong attention paid to these mission-critical elements during the students' final semesters.

These scores differ slightly for the six RN-BSN students graduating in the Fall of 2011 and taking the same survey (a point to be noted since the students focus on different curricular aspects in the RN to BSN program). Among these students, the lowest score (3.67) was in the area of professionalism. The highest score (4.33) was in communication. Of particular note is that a group score of 3.5 or greater was obtained in all 14 areas surveyed for this cohort of students. Clearly, RN-BSN students in this cohort felt very well prepared by their Trinity nursing education.

Student Satisfaction with University Services

The pre-licensure BSN students (n=30) also evaluated University services, using eight areas within the Nursing Graduate Exit Survey and scoring services on a 5-point Likert scale. All of the services except for laboratory equipment (2.53) scored above 3.0. Scheduling of classes received the highest score (3.93). Again, the six RN-BSN students took the same survey. Their lowest score (3.17) was found in laboratory equipment. The high score of 4.5 was seen in scheduling. Students' clear satisfaction with university services does not diminish a recognized

concern about lab equipment, which Trinity continues to build out and improve in light of curricular development and student needs evidenced in assessment instruments.

The NCLEX-RN first-time pass rates continue to serve as a standard national measure of students' success. In the District of Columbia, the established Board of Nursing pass rate for first-time test takers is 81.69% or higher. Trinity's very small "n" (7/1/2011-9/30/2011) complicates the important message students' scores convey here, for the total percentage of first-time pass rate is lower than the benchmark and consequently led to the DC BON's conditional, rather than full, approval of Trinity's program in Summer 2011. The program's Dean and Director, along with Trinity's Provost, have spoken with community nursing leaders and DC BON executives to discuss the challenges Trinity's nursing students confront when taking the test, particularly when a small n means that even one failure to achieve first-time passage dramatically lowers the required percentages. Given Trinity's emphasis on access and success for those often underserved in traditional educational models, additional instructional methods and technologies will supplement the work already done to promote students' ability to succeed in methodologies not always readily familiar to them (i.e., standardized tests).

Benchmark: NCLEX-RN First-Time Pass Rate of 81.69% or higher (DC BON Pass Rate Requirement)

**Table IV.C.1
NCLEX-RN First-Time and Overall Pass Rates Trinity Nursing Program Graduates
07/01/2011 through 9/30/2011**

Graduation Date	Number of Candidates	# of Students Who Passed First Time	# of Students Who Passed Within Two Attempts	% First-Time Pass Rate
May, 2011	5	3	5	60
December, 2010	7	5	7	71.43
Total	12	8	12	66.67

Employment Rates of Graduates

While students' first-time pass rates are lower than local regulatory guidelines require, their employment history speaks to the very real success students find in employment and suggests the community's strong investment in and commitment to Trinity's program: ten of the twelve 2010-2011 pre-licensure BSN graduates found employment as nurses in the Greater Washington area within the first two quarters following graduation. This data point is the clearest indicator that the program is supporting the significant mission that led to its very

founding and that echoes, indeed, the institution's founding as well: preparing nurses to serve the Greater Washington region.

IV-D. Aggregate student outcome data are used, as appropriate, to foster ongoing program improvement.

Elaboration: The program demonstrates use of aggregate student outcome data for program improvement when actual outcomes are not consistent with expected outcomes. Adjustments to foster ongoing program improvement are deliberate and congruent with the mission, goals, and expected student outcomes.

Program Response:

As an institution of higher education, Trinity regularly assesses outcome data and consistently and deliberately adjusts programs to be congruent with the institution's mission, goals, and expected student outcomes. The Nursing Program continues this critical process through data collection that includes the tools, testing, and other processes identified above. Further, faculty and administrators review this data formally and informally, comparing it to expected outcomes/benchmarks and when appropriate, identifying and recommending the need for change. In other words, analyzing data prompts curricular and programmatic remediation. At all times, faculty and administrators match proposed changes with the mission, goals, and expected program outcomes so that the program falls within its determined parameters. Accordingly, the faculty, Director, Dean, and other administrators make and approve recommendations for change in response to evaluative data. Very specific examples suggest the ways that Trinity students are meeting the nursing program's expected learning outcomes and provide evidence of action undertaken and planned in light of recommendations derived from evidence:

Students will value and integrate knowledge from the liberal arts and sciences as a means of making nursing judgments and understanding the human experience.

Specific content areas include:

Math Proficiency. Students entering the Nursing Program take pre-requisite courses to prepare them for a rigorous nursing program curriculum. Prior to admission, students take the Test of Essential Academic Skills (TEAS) V, which provides data that may suggest students' academic preparedness. Data indicating that 42% of the Spring 2012 entering nursing class are not proficient in math lead to a serious concern since nursing students must pass medication

math tests in order to progress in the program. This data is consistent with other indicators that remedial math is a fundamental program element for many Trinity students. The Director's implementation of group tutoring and math workshops along with the University's launch of a Math Center and employment of dedicated math specialists suggests the institutional response to an identified need. A more pronounced change – the introduction of MATH 108 Finite Mathematics as designed by the Math department in consultation with other departments including Nursing – indicates the institutional dedication to provide a broad-based general overview of college mathematics, especially for those majoring in the social sciences, business, nursing, and allied health fields. Prior to enrolling in this course and/or to taking the TEAS exam, students may also need preparatory work through summer institutes, which Trinity is considering implementing. Finally, reviewing and administering medication math tests in every clinical lecture course (up to the level of the critical care nursing and advanced cardiac life support medication intravenous drip calculations) will allow even more dedicated assessment of and response to this fundamental skill for all Nursing students.

Reading Proficiency. Trinity's Nursing students sometimes struggle on tests designed to measure reading proficiency. Given the number of students underserved by secondary school models and/or those for whom English is a second language, the 49% reading proficiency level for Spring 2012 is perhaps not surprising. The institutional response is consistent with other dedicated initiatives and includes hiring reading specialists to help the pre-nursing students with reading skills fundamental to the major. For those students transferring to Trinity (and thus without benefit of these reading courses), this lack of reading skills (which also affects test-taking skills) may be even more pronounced. Understanding the need to remediate and supplement reading skills, faculty and administrators moved the NURS 330 Nursing Research and Evidence-Based Practice course from the junior year to the first semester, senior year. Changing the textbook and workbook for this seminal course is one indicator of an institutional determination to address students' reading challenges.

Science Proficiency. As students present challenges with mathematics and reading, they can also confront challenges in their science preparation. Program admission data show that 56% of new nursing students are not "proficient" in science according to the TEAS instrument. Further, students returning to a University setting after some time away (i.e., "non-traditionally aged" students) have shown difficulty passing and achieving success in the pre-nursing course HPNU 210 Pathophysiology. As a consequence, Introduction to Biology was

added as a nursing pre-requisite course for SPS students with the aim of assisting in the improvement of students' performance in pathophysiology. The faculty also has begun remediating science proficiency by including anatomy, physiology, and pathophysiology review at the beginning of each physiological system: this is delivered in the NURS 262 Introduction to Health Assessment course.

Pharmacology. Pharmacology proved to be another course challenging to nursing students: graduating students scored below the mean in pharmacology on their RN Adult Medical-Surgical ATI test. Professors teaching the clinical lecture courses, such as medical-surgical nursing, needed to spend time reviewing medications. The NHP Curriculum and Academic Policy Committee subsequently approved moving the pre-requisite pharmacology course into the first semester of the nursing program so that students would complete it closer in course sequence to the clinical lecture courses in which the pharmacology content is first applied. This change was implemented in Spring 2012.

Liberal Arts Courses. Trinity's relatively small size affords many opportunities for Nursing administrators to work with other collegiate faculty and deans and examine pre-requisite nursing courses to determine how best to prepare students for a rigorous nursing curriculum. A specific indicator (the Nursing Graduate Exit Survey results) showed that the Fall 2011 graduating pre-licensure seniors scored an average of 3.47 on a 5-point Likert scale (felt moderately to well-prepared in the liberal arts). This points to the need to offer excellent liberal arts courses in a time frame and format when nursing students can take them. Consequently, senior administrators have teamed to increase the selection of liberal arts and sciences courses available for the nursing students to take. The requirement of two upper division electives while in the nursing program provides a useful grounding in the liberal arts and sciences.

Students will apply critical thinking in the nursing process using research-based knowledge and evidence based health care to individuals, families, groups, communities, and populations

Students consistently apply and demonstrate foundational thinking, clinical judgment, and critical thinking in nursing, and faculty and administrators work together to assess these skills continually. Multiple courses encourage pre-licensure BSN students to think critically, using specific tools such as case studies, nursing situations, and ATI computer test questions in courses such as Nursing of Older Adults, Medical-Surgical Nursing, and NCLEX review. Further, effective Spring 2011, students are required to enroll in the ATI testing program. Using

this tool, students read various nursing scenarios and answer questions. Correct answers with rationales are provided and are used to improve students' critical thinking and clinical judgment skills.

Student learning outcomes relating to critical thinking, research, and evidence-based practice, as suggested in the Spring 2011 graduating pre-licensure seniors' scores on the Nursing Graduate Exit Survey, are strong: students had an average of 4 (very well prepared) on a 5-point Likert scale (pre-licensure) and an average of 4.75 (5 being extremely well prepared, RN to BSN) on the scale. The graduates appear to be well-satisfied with the preparation they are receiving for critical thinking and research.

Students will demonstrate professionalism as evidenced by self-reflection and applying values that epitomize caring: altruism, autonomy, human dignity, integrity, and social justice

The faculty has developed a new philosophy of caring as the conceptual foundation of the nursing program (see Appendix A). They are modifying new curriculum threads along with course overviews and objectives to include this philosophy and are introducing discussions about care into clinical post-conferences. Further, faculty are identifying strategies, books, and tools to teach and measure caring, while currently assessing student caring behaviors with the Nursing Program Clinical Evaluation Form. This form also assesses professional behaviors and accountability. Students demonstrate excellent scores on this tool, and their clinical performance is commendable. Occasionally students have needed counseling for poor response to constructive feedback, though these episodes have been rare. The Faculty is excited about the nursing program's new caring philosophy and eager to continue implementing this change.

Students will provide quality health care within a framework of competent, moral, ethical, safe, and legal practices

Nursing students demonstrate their skills in this area, particularly in their senior year, and have performed and scored very well on the Clinical Performance Progress Record, meeting the expected outcomes generally while showing a need for ongoing remediation and supplemental instruction in medication administration and calculating dosages, as previously discussed.

Students will perform technical skills competently which includes the use of computers, patient care technologies, and information management systems

Trinity's Nursing students perform with high proficiency scores in the hospital clinical settings and laboratory and excel in their ability to perform nursing computer and technical skills. Ongoing dedication to purchasing lab supplies and patient care simulators along with continued build-out of beginning and advanced skills courses suggest the commitment to this essential skill area, which is also recognized by external constituencies. To that end, the faculty is now researching ways to obtain grants and partnerships for advanced simulation labs and they continue to work with partners and hospitals in the local DC metropolitan area where students can practice their nursing technologies. Perhaps not surprisingly, however, since the acquisition is evolving to meet need, on the Nursing Graduate Exit Survey the pre-licensure students gave lab equipment an average score of 2.53 on a 5 point Likert scale ranging from not satisfied (1) to very satisfied (5). In Fall 2011, Trinity executive administration determined additional space for enlarging the nursing laboratory and didactic space.

Students will deliver safe, competent, humanistic care that respects a client's cultural, spiritual, ethnic, gender, and sexual orientation diversity within the practice of an increasing global, multicultural environmental

Students demonstrate their sensitivity to and respect of socio-cultural differences and diversity in the clinical settings, in which faculty assess them through the Clinical Performance Progress Record. Students have performed very well in this area and represent tremendous diversity themselves.

Students will evidence a beginning understanding of complementary and alternative modalities and their role in health care

Trinity's Nursing Program is responding to the AACN's recommendation that nursing programs introduce complementary and alternative modalities in their curricula: professors continue to search for ways to teach these non-traditional topics. Currently, the Community and Public Health Nursing course addresses this topic, and other courses such as Pharmacology will need to be revised to integrate these topics. A new course has been developed for the RN-BSN program, Pharmacology and Complementary/Alternative Therapies, and will be beneficial in updating RNs on the new drugs as well as the alternative therapies to pharmacological therapies that they will see practiced in the community.

Students will apply knowledge of health promotion, risk reduction, disease and injury prevention, and illness and disease management throughout the lifespan from the individual through the population levels

Approximately 80% of nursing students are scoring at Proficiency Level II or higher on the ATI nursing content mastery tests; the program's goal is to raise this to a Proficiency Level I. Data collected since 2008 show a gradual improvement. This level will most likely rise as students continue to practice their test-taking skills, particularly through weekly quizzes which many professors are integrating into their courses along with ATI-style and NCLEX-RN style test questions. The faculty and director continue to examine ways to improve student test-taking skills.

Students will communicate, collaborate, and utilize concepts of group dynamics in order to provide for safe, high quality patient care as a member of the health care team

Speech, written and oral communication, collaboration, and group dynamics are essential skills both in the Nursing Program and at the University level. The institutional commitment lies in requiring writing and communication courses along with information literacy and other technical skills courses to teach technology. Upon matriculation to the Nursing Program, students build these skills through completing oral classroom presentations, group work, role playing, PowerPoint presentations, and written papers. Group projects are meeting expected student outcome benchmarks. Faculty incorporate interventions to facilitate good group dynamics where needed. Students need ongoing experience with the very important process of group dynamics. Group work will continue to be implemented in the nursing curriculum in the psychiatric, community, and leadership nursing courses. The Nursing Program has started a Student Nurses Association chapter whereby students will learn how to function in groups, communicate, and participate in governance on student committees.

Technical skills include those demonstrated on required PowerPoint presentations, in which students are achieving expected student outcomes. When students require instruction in remedial PowerPoint presentation skills and writing skills, faculty attends to this need and/or refer the students for supplemental instruction. Additional technical skills (such as using APA formatting) are addressed in courses students take early in their program, since students must be able to demonstrate proficiency by the RN Capstone course of the RN-BSN program (a course in which students are required to submit a paper to a journal for publication). Assessing projects such as this has shown a need for improvement in technical as well as writing skills,

and to that end the program has outlined an early intervention process by which RN-BSN students maintain a student portfolio to reflect upon and document their writing progress.

Students will demonstrate basic knowledge of nursing history, contemporary issues, healthcare policy, finance, and regulatory environments that impact quality improvement, nursing, healthcare costs, and healthcare delivery

The Nursing Program's Health Promotion, Policy, and Politics course affords an excellent means of teaching basic knowledge of nursing history and other contemporary issues. One means of assessing this expected outcome depends on all Nursing graduates writing a report based on their attendance at a health-care related legislative hearing. This experience leverages Trinity's unique location in the nation's capital, and further plans in leveraging this location involve encouraging students to attend free health care conventions and speeches and to participate in national events such as National Nurses Week. Faculty and students will work together to develop this area further, including communications with the nascent NSA. Students in the RN to BSN program will also complete a course (currently in development) regarding these issues since their own practical experiences richly inform their awareness of this field.

Students will deliver nursing care as a provider, patient advocate, educator, and counselor within a holistic, caring framework in the assessment, planning, implementing, and evaluating of outcomes of patient care

Student performance on the ATI RN Comprehensive Predictor exam and on the NCLEX-RN exam allows assessment of this learning outcome, which exemplifies the overall roles of the nurse in providing competent nursing care using the nursing process. The first graduating class performed fairly well although, as noted, a small number did not achieve the benchmark set for them. The DC Board of Nursing NCLEX-RN first-time pass rate requirement for BSN programs is 81.69%. The national average is 85.99% for BSN programs while Trinity's institutional benchmark is at least an 82% first-time pass rate on the exam.

Trinity's nursing faculty and administration remain intensely aware of the challenges Nursing students confront, using data to guide their decision trees regarding course and programmatic development. For instance, the NCLEX Review course has been modified and has helped to improve the test-taking skills of the graduating seniors. While the course will build on its success and students will thus continue to meet weekly, with a content base of the ATI testing program, future students who demonstrate difficulty with test-taking skills will be identified at a much

earlier time so that interventions can be made. The ATI as a diagnostic tool may help facilitate this process while the faculty and administrators remediate and counsel students. Further, the Director will continue to build on her involvement with overseeing testing, including ensuring that students have more exposure to NCLEX-style test questions throughout the nursing curriculum. While the faculty continues to refine and improve courses and curriculum – fundamental to any assessment-rich program – the current curriculum also clearly serves a strong purpose, evidenced in the pass rate students ultimately achieve and in their successful (and almost immediate) employment.

Students will discuss the nurse’s role and participation in emergency nursing situations, environmental disasters, and bioterrorism

Emergency Nursing and Illness Prevention, a course newly introduced to the RN-BSN program, meets the new AACN curriculum requirements to integrate emergency and disaster nursing into the BSN curriculum. More emergency, critical care, and disaster nursing content has also been integrated into the senior level course, Nursing of Older Adults. Pre-licensure students achieved lower scores than the RN-BSN students on the Nursing Graduate Exit Survey vis a vis satisfaction with their emergency nursing preparedness. The RN-BSN nurses have a separate course in emergency nursing in addition to experience in this realm, and thus the course itself will also be made available as an elective to the pre-licensure students.

Students will perform as a designer/coordinator/manager of care through leading, collaborating, delegating, negotiating, and evaluating within interdisciplinary systems

The program’s very strong Leadership and Management in Healthcare course gives students the opportunity to design/coordinate/manage care through leading, collaborating, delegating, negotiating and evaluating. Students have achieved expected outcomes in this area. Leveraging the strong partnership with the local community, the program continues to pursue management experience for the students when finding sites for senior practicum experiences. Goals are to obtain more affiliation agreements with local hospitals and health care agencies in order to increase the ability of the senior students in leadership and management of groups of patients.

One instrument for assessing this outcome (Nursing Graduate Exit Survey results) showed that the Fall, 2011 graduating pre-licensure seniors scored an average of 3.48 (moderately prepared) on a 5-point Likert scale. The RN-BSN graduates scored an average of 4.50 (5 being

extremely well prepared) on the scale. This low score for the pre-licensure students indicates a need to provide the students with the opportunity to practice implementing the principles of management and delegation that they have learned in the classroom. The Nursing Student Association will help provide for leadership and management experience in the future. Finally, the need to develop more teaching modalities has been discussed in faculty meetings with the course leader. Plans are to have the students do more role-playing of management situations and also to have students rotate to spend a day observing the role of the charge nurse during the Senior Clinical Practicum course.

Students will articulate his/her professional identity as a member of the nursing profession in the role of advocate for the profession and respect for lifelong learning and advancement of the profession

In their last semester, students develop a personal philosophy of nursing, particularly in light of what it means to be a professional nurse. Faculty assesses this articulated philosophy in the RN Capstone course (RN- BSN students) and in the Senior Practicum Seminar (pre-licensure students). More broadly, contribution of the nursing students and graduates to the needs of the Community of Interest also need to be assessed. A Nursing Program Advisory Council meeting was held in Fall 2011. Members of the council are comprised of community leaders from those agencies with whom we have clinical affiliation agreements and also members of prominent health professions in the DC community. A Nursing Program Advisory Council Questionnaire is being developed to measure Advisory Council members' satisfaction with student and graduate performance in the Community of Interest.

Students will discuss the role of the nurse in collaboration with other health professionals and the public in the promotion of community, national, and international efforts to meet society's health needs and shape social policy

This learning outcome is derived from the American Nurses Association *Code of Ethics for Nurses* and attests to the increasingly global society in which nurses live and work. To that end, nursing curricula must move beyond teaching about the health of any one country's population. In response to many changes and concerns in national and international health care, a new course was added to the RN-BSN program, Contemporary Issues in Nursing and Health Care, which prepares RN-BSN students for management and leadership positions by increasing their knowledge in contemporary health issues in society.

IV-E. Aggregate faculty outcomes are consistent with and contribute to achievement of the program's mission, goals, and expected student outcomes.

Elaboration: Aggregate faculty outcomes reflect the program's mission, goals, and expected student outcomes. For example, if research is an identified element of the program's mission, faculty research productivity should be assessed as an expected faculty outcome. If research is not part of the identified mission, it would not be expected as a faculty outcome. Evaluation of faculty outcomes is consistent with the institution's and program's definition(s) of faculty role expectations. There is congruence between expectations of the faculty in their roles and evaluation of faculty performance.

Program Response:

Faculty outcomes related to roles in teaching, service, advising, and scholarship are consistent with and contribute to the Nursing Program's accomplishment of its mission, goals, and expected student outcomes, particularly in light of Trinity's role as a teaching (rather than a research) university. The six faculty members new to Trinity in 2010 (joining three extant faculty and the Director) have been very involved in course preparation activities for four new courses and have also contributed to the review and changes of the nursing curriculum. As a group, the faculty is beginning to formulate their personal and professional goals relating to scholarship and community service (See Appendix K). Three of the faculty plan to collaborate on the publication of a journal article. Several faculty members serve on community boards and provide service to the community. Finally, faculty continues to participate in the broader institutional life through participating in University committees and through coming together through Academic Assemblies and other institutional opportunities.

Trinity affords professional development support to all faculty, as outlined in the Faculty Handbook and delineated in specific policies about such support. To date, Trinity has supported all faculty presenting at conferences and has also provided either financial support or release time for faculty attending professional conferences. Additionally, Trinity offers programming through its established Trinity Institute as well as through the Provost's office. Since the last site visit, Trinity has offered multiple forums focusing on transformative teaching and teaching and learning excellence. Additionally, Trinity offers Faculty Salons that focus on research and scholarship in various disciplines, including health-care advances in treating multiple sclerosis and case studies as effective tools in teaching sciences in 2010-2011 alone. Since expectations for faculty, as outlined in the Faculty Handbook, include genuine and sustained excellence in teaching and scholarship and service that speak to such excellence,

Trinity will continue to offer institutional as well as programmatic initiatives that support faculty development.

IV-F. Information from formal complaints is used, as appropriate, to foster ongoing program improvement.

Elaboration: If formal complaints indicate a need for program improvement, there is evidence that action has been taken to address that need.

Program Response:

Administrators consider formal as well as informal complaints as appropriate when planning for ongoing program improvements. Other than course grade appeals, the Dean, Director, and NHP CAP have received no formal complaints to date. Formally, students may express ongoing concerns to student representatives on the Nursing Program Committee on Students. In keeping with the dynamic education Trinity fosters, the Nursing Program has also established a Moodle site that includes a student forum so that students can engage in open dialogue with administrators. Further, any nursing student can informally communicate directly with the Director and the Dean as both have an open door policy. If resolution is not reached to the student's satisfaction, the student is referred to the appropriate student grievance (formal complaint) policy published on the University web site. There have been some written complaints sent to the Director via email, mostly regarding times of class and clinical offerings and difficulty with course registration. The Director has always immediately responded to such complaints. Email complaints are always taken seriously and immediate correction or improvements to the program are made on a continually basis, based on student feedback.

The assessment data collected and analyzed so far provide a strong foundation from which the Nursing Program will continue to build its student and programmatic outcomes assessment. Using extant evaluation instruments, the Nursing Program finds itself in a solid position from which to further collect and analyze more extensive data that will contribute to assessing and strengthening the program. The Program will continue to build on its strong base and to design improved evaluation tools, collect additional types of data, and to continue to search for creative ways to improve in order to serve its students.

Summary and Program Strengths of Standard IV

Since its initial accreditation in 2007, Trinity's BSN program has grown rapidly, a testament to the community's support of and need for a student-centered program preparing nurses to care for a regional population demanding and deserving skilled health care. The Nursing Program exemplifies a 21st-century commitment to Trinity's mission as it comes to life in achieving the goal of increasing nursing education opportunities for all individuals – particularly those from disadvantaged backgrounds, an underrepresented population in nursing today. Signaling ongoing dedication to growing a program that serves local as well as national and global communities, the Nursing Program anticipates enrolling over 100 new students in the 2012-2013 pre-licensure classes. This enrollment adds significantly to the current enrollment of over 200 students, and administration and faculty will continue to monitor growth related to resources in ensuring that all students continue receiving individual attention and significant resources to promote their education. This includes focused attention to students' personal needs, often complex since many serve as primary caregivers for multi-generational families. To that end, the recent Nursing Graduate Exit Survey indicates that, of all factors, students are most satisfied with the flexible scheduling of nursing classes at Trinity. Highly pleased with their clinical experiences and access to renowned medical centers and health care facilities in the nation's capital, Nursing students recognize the benefits of small class sizes, the faculty's excellence and attentiveness, and the Nursing administration's competency and responsiveness, which dovetails with an institutional commitment to the University's newest and fastest-growing collegiate unit.

Recognizing that assessment must inform and propel quality education – particularly evidence-based health care education – Trinity's Nursing administration and faculty have recommended and implemented important curricular modifications that both assimilate changes in the national health care system and comply with the AACN's recommendations for improving nursing education. As a result of dedicated analysis and use of data ranging from the Clinical Performance Progress Record to program surveys to standardized testing (both ATI and NCLEX-RN pass rates) as well as program surveys and assessment rubrics, expected student outcomes demonstrate a respectable level of competency. Recognizing the program's considerable strengths and the many challenges underserved and underrepresented students bring to the nursing education environment, the faculty and administration strive to foster students' math, critical thinking skills, and test-taking skills. These efforts depend on excellent teaching and strong, data-driven initiatives that also build on students' strengths, especially in

demonstrating professional caring behaviors, nursing technological skills, understanding of the nursing process, safe delivery of patient care, and professional accountability.

Ongoing assessment includes refining benchmarks and building on successes while acknowledging challenges that students bring to the program. Noting that standardized testing continues to be an obstacle for some students, faculty and administrators also realize that such test results are vital to students' ultimate success in achieving certification. To that end, the program is dedicated to raising ATI test performance from a Proficiency Level of II to a Level I. Efforts appear to be trending positively: data collected since 2008 show a gradual improvement in students' Proficiency Levels. Faculty assess and adjust teaching in light of these data and provide ongoing practice testing sessions using the ATI program, integrating weekly quizzes into nursing courses, incorporating ATI-style and NCLEX-RN-type questions into classroom tests. These important initiatives respond to faculty and student reports of test anxiety, undoubtedly reflecting previous underpreparedness in standardized testing environments. Further, since Trinity serves a number of non-native speakers, many students confront the double challenge of translating questions in an already-unfamiliar format. Fortunately, Trinity's institutional commitment to teaching students how to overcome obstacles and confront challenges meshes with the Nursing Program's determination to teach and serve students at the level at which they begin and subsequently lift them to the standards, including testing benchmarks, they need to excel at in the workplace.

Clearly, data gathered and analyzed so far provides a strong foundation from which the Nursing Program will continue building its student and programmatic outcomes assessment. Using the tools already in place and developing others in light of evidence such tools provide, program faculty and administrators consistently collect and analyze even more extensive data. These efforts can only contribute to assessing and strengthening the program and consequently fostering even greater success for students committed to achieving excellence in their nursing education. Tools and initiatives of particular note include:

- The Nursing Total Program Evaluation Plan, a comprehensive plan for program evaluation, promotes continuous Program improvement.
- All faculty members engage in program evaluation and improvement through multiple initiatives including but not limited to participation on committees, individual meetings with the Director and Dean, and ongoing use of various evaluation tools, including self-

evaluation, peer observation, and external and internal assessment instruments consistent with institutional as well as regulatory expectations.

- The Program’s record of continuous improvement and growth in its enrollment and programs is seen in evaluation and modification of the course and curriculum content, class schedules to accommodate learners’ needs, and outcome evaluation processes.
- Faculty and administrators work together to apply recognized and consistent evaluation procedures for classroom and clinical learning.
- Faculty and administrators have developed and use multiple surveys to gather data for program evaluation and improvement; qualitative methods supplement quantitative surveys.
- The Dean has developed extensive mechanisms to assess and report faculty effectiveness and productivity: full-time and part-time faculty consistently meet expected outcomes for teaching effectiveness.
- Administrators continue to collect data, particularly graduation rates and job placements, while responding to requirements regarding first-time NCLEX-RN pass rates.
- Graduate exit surveys show students’ high level of satisfaction with the Nursing Program, particularly in areas of caring, professionalism, and diversity, all mission-critical to both the Program and the University. Systematic processes and procedures address student and faculty complaints and grievances, although no formal student grievances have been brought to NHP.
- The Program’s dedication to improving education not only for its own students but also for the region at large resulted in hosting a regional ATI nursing education conference focusing on methods for improving nursing education.
- Tremendous growth in numbers of applicants, numbers of admitted students, numbers of students on waiting lists, and ongoing success in students’ employment immediately following graduating attest to students’ and the community of interest’s satisfaction with the Program.

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The results of TEAS scores on newly admitted students to the nursing program show that 54% of Trinity nursing students are scoring	Recognizing that many Trinity applicants are underserved in terms of test-taking and some fundamental proficiency skills, faculty will

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below the proficiency level on academic preparedness.	continue to examine ways to bring incoming nursing students to a higher level in reading, writing, math, and science skills. This includes ongoing attention to writing and research in courses, continual work on nursing math skills throughout the program, and regular reading and critical thinking assignments.
Improved performance is needed on the NCLEX-RN pass rate.	Faculty are introducing NCLEX-RN exam style questions earlier in the curriculum, requiring and encouraging students to study their ATI review books, and facilitating ongoing opportunities for students to take NCLEX review courses, which also supplement the NCLEX prep course all students take in their final semester.
The NCLEX-RN data need to be interpreted so that faculty can evaluate the significance of the results for curriculum and course improvement.	While Trinity's first pre-licensure class with a total of 7 students graduated in December 2010, the first class of a significant size graduated in December 2011. Consequently, faculty has had relatively little opportunity to analyze significant data. As results from more recent NCLEX-RN exams are available, faculty will analyze the ATI RN Comprehensive Predictor test and NCLEX-RN results and adjust curricula accordingly.
Faculty accomplishment benchmarks need to be established in the areas of scholarship and service to the University and community.	Founding the School of Nursing and Health Professions has led to preliminary discussions of expectations regarding scholarship and service. The firm establishment of a Dean and full faculty as well as auxiliary support (advisors, clinical coordinator, the search for

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	an Associate Dean) afford new opportunities for discussing expectations for faculty scholarship and service.
The RN-BSN program is not growing at a rate initially anticipated.	Use environmental scans to determine the needs of the RN-BSN student and subsequently offer courses at convenient times and as hybrid courses.
Partnerships with community health care agencies for the education of their staff who would like to pursue the BSN are needed.	The Program's newly-hired clinical coordinator will work with the Dean and Director as well as executive administrators and Trinity's corporate recruiter in establishing educational partnerships with regional health care institutions, similar to that initiated with community partner Washington Hospital Center.
Program evaluation, while being done, needs to be conducted in a more systematic method.	Strengthen the work of evaluation faculty task groups to attain a more regular schedule of evaluation and follow-up.
The response rate of the alumnae/i survey was not as strong as expected.	Work on getting the alumnae/i survey on-line on Trinity's web site.
Employer satisfaction survey has not yet been conducted.	Although Trinity has strong anecdotal evidence that employers are satisfied with its graduates (including the more direct measure of employment following graduation), the Program still must accomplish more direct assessment of employer satisfaction. Trinity

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	will conduct a survey with an anticipated strong rate of return in the near future, taking into account numbers of pre-licensure graduates in the field.
The results of program evaluation need to be better disseminated to the faculty.	The Director will write annual evaluation summary reports and share them with the faculty.
Faculty need to be informed of innovative methods of teaching within the discipline of nursing.	Trinity will offer ongoing opportunities for faculty to attend internal and external conferences and both learn new pedagogies as well as share those techniques they have refined at Trinity. The Provost and Dean will work with the Director of the Library to encourage faculty access to journals that focus on improving teaching methods.